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ABSTRACT

At the second day of hearings on training needs in gerontology the witnesses were Stephen Kurzman accompanied by Arthur S. Flemming, John Lapp, Gerald D. LaVeck; George Maddox; Elias Cohen; Wilma Donahue; Brin Hawkins with Lettie Graves and Yolanda Owens; and John B. Martin. (MS)

ED 084397

TRAINING NEEDS IN GERONTOLOGY

HEARINGS

BEFORE THE

SPECIAL COMMITTEE ON AGING

UNITED STATES SENATE

NINETY-THIRD CONGRESS

FIRST SESSION

PART 2—WASHINGTON, D.C.

JUNE 21, 1973

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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TRAINING NEEDS IN GERONTOLOGY

THURSDAY, JUNE 21, 1973

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Washington, D.C.

The committee met, pursuant to recess, at 10 a.m. in room 1318, Dirksen Senate Office Building, Senator Lawton Chiles presiding.

Present: Senators Chiles, Fong, and Gurney.

Also present: William E. Oriol, staff director; David Affeldt, chief counsel; Deborah Kilmer, professional staff member; John Guy Miller, minority staff director; Robert M. M. Seto, minority counsel; Patricia Oriol, chief clerk; Gerald Strickler, printing assistant; and Ann Todaro, clerk.

Senator CHILES. We will reconvene our hearings.

Mr. Kurzman, I would like to thank you and your colleagues for appearing before the committee to describe the administration's policy pertaining to training in the field of aging.

I would also like to note that Dr. Arthur Flemming was sworn in as U.S. Commissioner on Aging just 2 days ago. Dr. Flemming, I will repeat what has already been said to you so often before: The Nation is fortunate that a man of your stature and complete dedication has decided to lead the Administration on Aging at a challenging time in its development. It is a pleasure to have you here today.

Dr. FLEMMING. Thank you very much.

OPENING STATEMENT BY SENATOR LAWTON CHILES, PRESIDING

Senator CHILES. As you are aware, the committee conducted a hearing earlier this week. Representatives from gerontological programs at colleges and universities testified. I was very impressed with the interest and enthusiasm of these witnesses, particularly the students, who explained what would happen to their aging program and their personal careers if the administration's proposal to "phase out" training funds for aging programs were implemented. The witnesses agreed that their aging programs would be seriously curtailed. In one instance, the entire program would probably be terminated.

Dr. Albert Wilson, director of the aging studies program at the University of South Florida, said that if the Federal funding is phased out, the program will not attract the "second-career" students who make up a large percentage of their program. The cutoff would seriously curtail the capacity of the program to give technical assistance to the developing community programs which the university now assists. Students accompanying Dr. Wilson testified that without the help

of Federal stipends they would have to forego their commitment to the field of gerontology or would have to attend courses part time and be detained in obtaining their degree.

Phase Out Training Funds

The suddenness of the administration's decision to phase out these training funds "allowed no way for universities to respond with alternative means of maintaining their programs," according to Dr. Walter Beattie, director of the All-University Gerontology Center at Syracuse University. Dr. Beattie went on to say that "for many programs the result of this sudden withdrawal of support is the eradication of a number of gerontology training programs throughout the United States and the serious weakening of all such programs." Dr. Beattie was testifying not only for his program at Syracuse but on behalf of the Association for Gerontology in Higher Education which represents 26 university aging programs.

The second half of our hearing concentrated on the importance of training programs to minority aged. Dr. Percil Stanford, director of the Center on Aging at California State University in San Diego said:

> There are too few persons trained to work with older people in general, and there is an even greater need for trained persons to serve a variety of ethnic and other minority older people. If persons are going to be trained in any way to work with older people, they should have the appropriate knowledge to be effective with whatever culturally different persons they are serving.

Student loans that are proposed by the administration as alternatives to the training grants, in Dr. Stanford's view, would be almost useless to the minority student. Cultural barriers would prevent these persons from obtaining such loans, and "many banks are carefully screening the persons who they wish or do not wish to receive such loans." With no credit history themselves or within their family background, it would be extremely difficult for these students to obtain a loan.

Students from the Institute on Aging at Federal City College told the committee that without Federal stipends they and most of the students in their program "will have to drop out." The stipend paid for their tuition plus related expenses such as textbooks, transportation, and so forth. One of the students stated that she felt "an obligation to make a contribution in bettering their lot (elderly)." Without the support from Federal funds, she would have not been able to obtain the degree to satisfy her goal to work for the needs of the aging.

Personnel Desperately Needed

Assessing the testimonies of these witnesses, as well as the expansion of services under the Older Americans Act, it appears to me that the need for personnel trained in the gerontology field is not only desperately needed but is now suffering from the lack of specialists in the field. With services for the elderly increasing and the aged population growing considerably, this gap between the number of services and personnel to man these programs is dangerously wide. Many of those already working with programs for the elderly have specialties in other fields and never have had training in matters of the aged and

the aging process. In fact, one of the answers to my survey of gerontological programs said:

> In most cases, services to older people were not as effective as possible because of the individuals who were frequently dedicated but untrained in the field of gerontology. They were competent within their own specialties, but their lack of knowledge of aging, both in terms of the processes and some of the problems resulting from the processes of aging, limited their effectiveness in carrying out their responsibilities.

In my opinion, it is essential for this country to establish and operate programs which are sound and effective in meeting the needs of our elderly and this means supplying sufficient manpower to staff the services our legislation creates.

Senator Fong, do you have a statement?

Senator FONG. Mr. Chairman, I have no statement.

I am very interested to hear the testimony of Mr. Kurzman and Mr. Flemming. I want to welcome them to the committee.

Senator CHILES. Senator Gurney?

Senator GURNEY. No statement.

Senator CHILES. Mr. Kurzman, we would now like to have your testimony.

STATEMENT OF STEPHEN KURZMAN, ASSISTANT SECRETARY FOR LEGISLATION, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE; ACCOMPANIED BY HON. ARTHUR S. FLEMMING, COMMISSIONER, ADMINISTRATION ON AGING; HON. JOHN ZAPP, DEPUTY ASSISTANT SECRETARY FOR HEALTH; AND GERALD D. LaVECK, PH. D., DIRECTOR, NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

Mr. KURZMAN. Thank you, Mr. Chairman. We are very pleased to have this opportunity to appear before you and your committee today.

I would like to introduce for the benefit of the committee each of the associates who are here with me today: Dr. Arthur S. Flemming, you have already identified, to my mid-left, former Secretary of HEW, and sworn in just 2 days ago, as you noted, as Commissioner of the Administration on Aging; on my mid-right is Dr. Gerald LaVeck, who is Director of the National Institute of Child Health and Human Development of the National Institutes of Health, also within HEW; on his right is Dr. John Zapp, who is Deputy Assistant Secretary for Legislation (Health).

We have with us today, and available to answer questions as well, Dr. Clark Tibbitts who is Director of Training in the Administration of Aging;[1] Dr. LeRoy Duncan who is Chief of the Adult Development and Aging Branch of the National Institute of Child Health and Human Development; and Mr. Richard Rowe, who is Deputy Director of the Division of Student Assistance in the Office of Education.

VARIETY OF CAREER CHOICES

Mr. Chairman, in answer to some of the comments you have made about the witnesses who have testified earlier, the President's 1974 budget request, we feel, together with certain administrative actions,

[1] See prepared statement, app. 2, item 1, p. 166.

lays the groundwork for increased involvement by the educational community in the field of aging. We feel the administration strategy and proposal here makes it possible for both undergraduates and graduate students to make career choices among a variety of categorical programs and with institutions which provide inducements to those students to answering the special field.

We believe a student choice policy will permit them to make a choice among a variety of fields and many of them will continue to choose and we think in greater numbers in view of the increased funding you have referred to in service programs which the administration and the Congress have proposed and are about to implement.

The new policy you are proposing would phase out this set of almost a half dozen very specific categorical training programs, directed not toward student aid but first toward the institutions which can offer aid to students in these narrow fields: Social work, vocational rehabilitation, aging, and other social services and most health-related disciplines.

Of course, this committee is most interested in the impact of this policy proposal on the field of aging alone. I want to point out it is a proposal we are making in a number of fields, including aging, to move to student aid rather than institutional. Again, at the outset and consistent with what you have heard from other witnesses, we do believe there will be an accounting and increasing demand for persons who have completed both undergraduate and graduate programs to enable them to help operate programs in the field of aging. We have indicated, not only the Older Americans Act, expansion of service programs, but the new supplemental security income program which was enacted as part of the Social Security amendments of 1972. This demand will be met in our view only as educational institutions which are now involved in the field of aging strengthen the programs as new ones decide to make the commitment in this field.

The President's 1974 budget, when coupled with administrative actions which will be described later in this testimony, is designed to encourage the involvement of the educational community in the field of aging. This encouragement will be provided through increased student aid, strengthened research and demonstration programs, the development of comprehensive and coordinated service programs, and the provision of other training opportunities.

Student Financial Incentives

First of all, let us look at the area of student aid. Under a policy of Federal support of categorical training programs, students often make career decisions on the basis of which program provides the most attractive financial incentives. Once the program has been completed there is no assurance that the student will continue to work in the field for which he has been trained.

The administration believes that this Nation should do everything possible to remove the financial problem as a barrier to the pursuit of educational goals in the field of higher education, in these half a dozen

fields. It believes that substantial progress toward the achievement of such a goal can be made through a Federal general student assistance program, public and private scholarship and loan programs, and work programs—which at times may be subsidized in part by public funds and family savings.

Consistent with this policy the President's 1974 budget proposed full funding for a new program of basic opportunity grants for undergraduate education authorized by the Education Amendments of 1972 and provided for work study funds and guaranteed and subsidized student loans for both undergraduate and graduate training in general through the student choice mechanism which I have mentioned.

We believe that in total, this represents an increase of $500 million in additional Federal student aid over the amount spent in fiscal year 1973. The Congress changed the mixture of aid but concurred with the administration's proposed increase.

As a result of the combined action proposed by the President and modified by the Congress, it is estimated that during the academic year 1974, this proposal in the budget represents an increase of $500 million, one-half million dollars in addition and 400,000 to 500,000 undergraduate students will receive $122 million under the basic opportunity grants program; that approximately 1 million undergraduates and graduate students will receive guaranteed student loans with many of the undergraduates in this group also receiving basic opportunity grants; that 560,000 undergraduate and graduate students will be employed in work-study programs; and that 2,563 colleges and universities will be in a position to make direct loans to approximately 619,000 undergraduate and graduate students. These Federal programs will, of course, be supplemented by public and private scholarship and loan programs.

Free Choice of Careers

Under this student aid policy—as contrasted with a policy of offering student stipends for the specific categorical programs—both undergraduate and graduate students will receive assistance irrespective of their career choices. This means that career choices will not be related to solving immediate financial problems. Beginning next September, 400,000 students will be free to make these choices on the basis of career opportunities and their own aptitude, interests, and commitments.

Senator Fong. What you are saying, Mr. Kurzman, is that instead of saying this is a stipend for this particular work, a student will get a basic opportunity grant and can choose whatever he wishes?

Mr. Kurzman. That is correct, sir.

Senator Fong. And that the administration feels that by granting stipends, you just funnel one man into one position whereas if you have a basic opportunity grant it gives all of the students who have these grants the opportunity to go into every field and to take portions of some fields?

Mr. Kurzman. Exactly, Senator Fong. We think this is a much more equitable way for Federal assistance which now, of course, is on a much greater scale than the scales of the pre-existing narrow categorical programs in the half dozen specialized fields. It is much more

equitable, in our view, to distribute the funds to students and permit them to make their career choices as you have indicated.

What we think will come out of this is a great interest and a great sense of commitment toward the field of aging among many students who will see the demand that is there for trained personnel—a demand that will increase immensely by reason of the great expansion that the chairman has referred to in both the older Americans program and the supplemental security income program—so we have no qualms about where the trained manpower will, in fact, emerge. We think they clearly will under this program of student choices.

Senator CHILES. What makes you think that when you have a new program and you are trying, in effect, to attract students to it? The same thing applies to the logic of giving unfettered money. It made sense to give the money back to the local police departments and let them do what they wanted to, but we also decided we wanted to do something important about drugs in the country. This is something we need to attack specifically, and something all the way down through the line, so we earmarked money for drugs. We put a special and coordinating branch into the resident office to coordinate the attack on drugs. I though we were trying to attack the problem of aging that way.

Now, you say we are just going to let it swim with all of the other programs?

INCREASED STUDENT AID

Mr. KURZMAN. Mr. Chairman, let me answer this two ways. First of all, we are talking about very great increased student aid as compared with the totals involved in the aging training programs which we are seeking to phase out. The scale is just entirely different.

Second, we are not relying alone on the student aid program; we are also relying on other factors which I have not yet gotten to in my statement which we think will also tend to involve the institutions of higher education, in the field of training for gerontology; so that we are not leaving it entirely to chance, not by any means; the inducements are clearly there, where free choice is provided.

Senator FONG. Is it the feeling because there is a stipend there for that particular study, that these students who need the financial help choose it, but that does not necessarily mean they are very interested in the particular study?

Mr. KURZMAN. That is correct, Senator Fong. In part, we are talking about a number of fields of national interest which do not have specialized training programs.

What we have done through the accretion over the years of these half dozen very specific, very narrow training programs, without going to specific institutions, than going seeking the student, is that we have really skewered the pattern of aid in a disproportionate way.

It is not necessarily representing any demand factor at all; and in fact, I do not know that it necessarily matches the Congress sense of national priorities either because many fields do not have specialized training programs in which clearly the Congress and the administration together have great responsibility.

Senator FONG. As the committee is interested in the question of the aging, naturally it is interested in seeing that aging training costs be

provided. If you just give the money to students without funneling it to the institution, what would happen to the institutional program?

Mr. KURZMAN. We think the institutional program, Senator Fong, will continue. In fact, they will have available to them resources in greater amounts than they have had under these narrow programs, as I said.

Senator CHILES. How?

RESEARCH AND DEMONSTRATION GRANTS

Mr. KURZMAN. What we are talking about is research and development which we are seeking institutional participation. These institutions can and should offer training opportunities for both undergraduates and graduates. Much of their income could derive from the research and demonstration grants which the Administration on Aging will be making to them; similarly, this is true in the case of the National Institute of Child Health and Human Development.

Senator FONG. How does that tie into centers for aging studies that now have the use of some research grants and special training programs?

Mr. KURZMAN. We anticipate, Senator, that those very same centers will be participating in research and demonstration programs and their students will be participating in the student aid program. If I may, I would like to work through this statement and then I think perhaps you will see the pattern.

Senator GURNEY. Just one question on this part before you leave it.

You made the statement, and I quote: "Once the programs have been completed, there is no assurance the student will continue to work in the field for which he has been trained."

Do you have some statistics showing that he has been trained to do a certain work in the field of gerontology and he has left it?

Mr. KURZMAN. I do not know, Senator Gurney. We would be happy to try to supply that for the record.

Senator GURNEY. I wish you would. That would be useful information for us.

Senator CHILES. Maybe Dr. Tibbitts could help us with that question?

Dr. TIBBITTS. We are receiving the first results of an evaluation study made of the students who have left our program through last September. It appears through the preliminary results about 77 percent of all who are employed now are in the field of aging.[2]

Senator GURNEY. Are in the field of what?

Dr. TIBBITTS. Of aging, serving older people.

Senator CHILES. Seventy-seven percent?

Dr. TIBBITTS. Yes, of those who are working.

Senator GURNEY. To put it another way, you have lost about 25 percent of those?

Dr. TIBBITTS. On the surface, that appears to be right. We have not lost that proportion, however. Quite a number return to school to work toward a higher degree, usually a doctorate in gerontology.

Senator CHILES. That was 77 percent of all employed?

[2] See app. 2, item 1, p. 166, for prepared statement of Clark Tibbits, Director, Division

Dr. TIBBITTS. Of all who are employed. Those who are employed and those who are in school amount to 69 percent of the total who left school through last September.

Senator CHILES. Well, would you furnish the committee statistics on that so we could get some feel for that?

Mr. KURZMAN. The total number of students who left school through September 1972 was 725. Eighty-three percent left by graduation; the remainder for a variety of other reasons. The distribution of those who left for all reasons, according to employment status at the time of the study in January 1973, was as follows:

Employment status:	*Percent distribution*
Employed, serving older people wholly or partially	63
Employed, not serving older people	19
In school seeking a higher degree	6
Seeking work	8
Not in the labor force	4
Total	100

Thus, 69 percent of the total number of students who completed or left their programs for other reasons are employed in the field of aging or have returned to school for a higher degree.

Eight percent were looking for suitable employment, principally in the field of aging.

Approximately, one-half of the 19 percent employed but not in the field of aging had sought jobs in which they could serve older people. They reported that they would return to the field of aging when a job appropriate to their training appeared.

STRONG INTEREST FOR AGED

It is of interest, also, that 96 percent of the total group reported that they had had or acquired through the training program a strong interest in the gerontological field.

We believe that an increasing number of students, having been assured of assistance in removing financial barriers, will be challenged by the rapidly unfolding career opportunities in the field of aging and will decide to enter the field. In most instances these decisions will be based on a strong commitment to the field of aging rather than on the conclusion that the financial assistance for a training program in aging is more attractive than a training program in some other area.

This trend in the direction of undergraduate and graduate students deciding to enter the field of aging can be accelerated by developing and making available to both undergraduate and graduate students better information on career opportunities in the field of aging and better supply-demand data. The administration intends to take the initiative in making such information available.

In addition, undergraduate and graduate students will be encouraged to enter the field of aging as a result of steps that are being taken to strengthen the Federal Government's participation in research and demonstration program in the field of aging.

In his message on aging on March 23, 1972, the President said:

> What we need is a comprehensive, coordinated research program, one which includes disciplines ranging from biomedical research to transportation systems analysis, from psychology and sociology to management science and economics.

In order to carry out this Presidential mandate, the following steps are being taken:

(1) The Secretary of Health, Education, and Welfare, as Chairman of the Cabinet-level Domestic Council on Aging, and with the concurrence of the President, has authorized and directed the Commissioner on Aging to establish and to chair an interagency working group in the field of aging. The primary responsibility of this group will be to establish, working through the Cabinet-level committee, objectives and priorities for the use of the Government's existing authorities and resources in the field of aging, and to develop and implement across-the-board action programs based on these objectives and priorities.

INTERAGENCY TASK FORCE

(2) The Commissioner on Aging, as chairman of this working group, will immediately establish an interagency task force in the area of research in aging which, under the direction of an executive chairman will be charged with the responsibility of establishing objectives and priorities and developing and implementing action programs in the broad area of aging research as defined by the President.

Some of the agencies that will be involved in the development of this comprehensive and coordinated research program called for by the President will be the following: The National Institute of Health, the National Institute of Mental Health, the National Center for Health Services Research and Development, the Administration on Aging, the Social Security Administration, the Veterans' Administration, the Department of Housing and Urban Development, the Department of Transportation, the Atomic Energy Commission, the National Science Foundation, the National Aeronautics and Space Administration, and the Law Enforcement Assistance Administration.

Several examples serve to illustrate the potential of this approach. The Administration on Aging is slated to spend $7 million on research and demonstration for fiscal year 1974; the National Institute of Child Health and Human Development has available in fiscal year 1974 $11.8 million for research and training; the Atomic Energy Commission spent $4.5 million for aging-related research in 1973.

Senator CHILES. How did they spend that money?

Mr. KURZMAN. Dr. Flemming, perhaps you have some detail on that?

Senator CHILES. I am afraid we are going to have to run for a vote. The vote is in progress so we will have to recess for about 5 minutes.

AFTER RECESS

Mr. KURZMAN. I think where we broke, you asked a question about the illustrative reference to $4.5 million for the Atomic Energy Commission spending to aging in research in fiscal year 1973 and I had just turned to Dr. Flemming on that.

Dr. Flemming, do you want to pick up?

Dr. FLEMMING. The paragraph refers to a section of the report on the administration's response to the recommendations of the delegates to the 1971 White House Conference on Aging and that is being

attached as a part of the testimony.[3] It does describe in some detail what each one of these agencies is doing or contemplates doing in the field. With regard to the Atomic Energy Commission, it says:

> The current research by the Atomic Energy Commission is directed toward the goal of obtaining a better understanding of the effects of radiation on the body over time, including the relationship to the degenerative processes responsible for senescence.

It goes on to describe that in more detail and by saying the projected level of funding in fiscal year 1973 for the support of research on aging at AEC-owned onsite laboratories and offsite contractor facilities is $4.5 million. The same kind of information, Mr. Chairman, is provided in connection with each one of the agencies described.

Mr. KURZMAN. The Veterans' Administration is an illustration where we spend nearly $15 million for research for aging in 1974.

The nature and extent of the present and possible involvement of these agencies is set forth in a section entitled "A report on the administration's continuing response to the recommendations of the delegates to the 1971 White House Conference on Aging," and is attached to this testimony[4] so that, with your permission, it can become a part of the record of this hearing.

PRESIDENT'S PROGRAM OUTLINED

The President's directive to develop a comprehensive and coordinated research and demonstration program for the field of aging will have the following results for colleges and universities:

It will provide them with a clear picture of the Federal Government's objectives.

It will make clear how each Federal department and agency fits into these objectives.

It will identify the sums available to the Federal departments and agencies for research and demonstration programs in aging.

It will spell out the procedures to be followed by the colleges and universities that have the competency and the desire to participate in the programs of one or more of the agencies.

As a result, if a college or university receives grants for participation in one or more of the Federal Government's research programs, it will have the following results in the area of training for work in the field of aging.

The meaningful involvement of the college or university in this aspect of the field of aging—with financial support from the Federal Government—will capture the attention of both undergraduate and graduate students and will help to attract them to the field of aging.

The budgets on which the grants will be based will provide for compensating faculty members for that portion of their time spent on the project or projects and will help, therefore, to attract and retain scholars in the field of gerontology.

The budgets on which the grants will be based will provide for involving and compensating both undergraduate and graduate students for participation in the projects and will help, therefore, to provide

[3] See app. 1, item 3, p. 151.
[4] See app. 1, item 3, p. 151.

them with worthwhile learning experiences and additional financial resources.

Senator CHILES. How much are those grants going to be?

Mr. KURZMAN. Well, we have tried to give a partial listing here, Mr. Chairman, in the comment we were reading, it is only partial because the interagency group has not yet actually pinned down all of these but the ones that are pinned down are there and you see $7 million in fiscal 1974 for AoA plus $11.8 million for NICHD.

Senator CHILES. Now, you are talking about this $4.5 million the AEC is going to spend?

Mr. KURZMAN. We are talking about a sum of all of the agencies listed, all of the participants in this interdepartmental effort to pull together all of the aging related research and demonstration funds that the executive branch has available.

AGENCIES' PARTICIPATION QUESTIONED

Senator CHILES. It looks like somebody did a lot of research to go to look at all of the agencies to find out any area where that relates to aging, such as AEC; and now you are using that figure to say: "Look, we are giving x number of dollars in grants." I do not see how this will benefit training students or how this will benefit universities, this $4.5 million AEC is given?

Mr. KURZMAN. Let me say two things. Clearly, the responsibility of these other agencies involves an aspect of aging as we have indicated; the AEC is concerned with the effects of radiation, and the effects of radiation clearly have an important role in the process so this is why they are conducting this kind of research.

Senator CHILES. This money is going to be spent prior to any decision to change the other provisions of the grants; this is something you reached out and found, but that money will be spent, that research is going to go on. Nothing, no decision of any changeover has influenced AEC to get into this field?

Mr. KURZMAN. I do not think that is quite fair, Mr. Chairman. I would be happy to turn to Dr. Flemming on this, who is, after all going to head this task force. The effort we are attempting to make here is to see to it that the agencies, when they are working on relevant aging research, make sure that it is pulled together in a coordinated way. I do not think that is an irrelevant response at all.

I think it is a key to how we can bring this element of the Federal Government's work which is clearly not incurable. It is again like student aids, a whole different order of magnitude when you add it up from these narrow categorical training grants programs we are proposing to phase out.

Dr. FLEMMING. Mr. Chairman, I appreciate your questions on this because I think this can be a very important development in terms of the involvement of the educational community in the field of aging.

You have listed here, I think, about 13 departments and agencies of the Federal Government that have authority and resources for carrying forward research programs in the field of aging. They have been, by and large, traveling their own paths as they have used these authorities and resources.

By direction, we will bring them together and we will insist on the development of common objectives. We will insist on the development of priorities as among those objectives: we will insist on the development of action programs designed to carry out those objectives. We will insist on decisions and agreements as to the amounts of money that each agency intends to put into these programs. This having been accomplished, the information on objectives, priorities, programs, and the agencies that are participating in the specific program will be made available to the educational community.

"An Agreed-Upon Overall Policy"

I will provide one focal point to which the educational community can turn so that they will know when they can make application for research and demonstration grants and will know that in making those applications that they are making them consistent with an agreed upon overall policy.

These research and demonstration project applications will incorporate budgets for the operation of each one of the projects. Those budgets can and will include sums of money to pay in part the members of the faculty who will be participating in the project and they can include sums of money to compensate both undergraduate and graduate students. In so doing, they will have the opportunity of participating in a project relating to their educational objectives and they will also, of course, be given some assistance in connection with their own individual financial problems.

When this program is implemented, the colleges and universities that want to really become involved in the field of aging will have the opportunity for applying, not for just one, but in many instances, for a number of projects. Consequently, the basis for their Federal support will be much broader in the field of aging than it is typically at the present time.

I can say, going back to my days as president of the University of Oregon, if I were presented with this kind of opportunity, I would seize it quickly and eagerly because I would recognize that it was giving us an opportunity to became deeply involved in the field of aging with a broad basis of support from the Federal Government rather than having to depend on the ups and downs of just one particular program.

Now, I think this has to be coupled with our discussion on student aid because there is such a program for people who desire to pursue work in the field of aging. Students can take advantage of it and I am confident that they will. I am also confident that an increasing number of educational institutions, if presented with this kind of an opportunity, will make further commitments to the field of aging and will attract more and more undergraduate and graduate students for participation in their program.

If we pull all of this together and get it focused on common objectives and common priorities. Further, we will be making the most intelligent and effective use of the resources that the Congress has appropriated. I personally feel that this kind of activity is long overdue, both within the field of aging and in other fields, particularly as we relate to the educational community of this country.

Senator CHILES. I think you have painted a very laudable goal and laudable picture.

CHANNELING OF FUNDS

One concern I would have, though, when we are talking about Congress and we are talking about control, I would rather see the money channeled by Congress directly spelled out than to have it where it is going for aging and we label that and we know what we are spending in the now defined AEC in using $4.5 million and that is not money that Congress has spelled out to them to go for aging, for research or for any of these other agencies and I think that is where the Congress loses control over how many dollars we are spending and maybe under this, the dollars will be very great, maybe greater than Congress would have directly appropriated but I do not know where the controls come in.

Mr. KURZMAN. Mr. Chairman, if I may. I think the Congress will clearly have an opportunity and a responsibility in passing on the budget justification and requests of each of these agencies.

What we are trying to do is to identify funds, as Dr. Flemming has indicated in these other agencies a d to determine if they are carrying on logically. They have missions that relate clearly to the concerns of aging in research and demonstration which has a very substantial impact on training.

We think that those agencies' responsibilities will be focused by the kind of interagency work that Dr. Flemming is going to head and the Congress will have an opportunity for the first time to identify what those agencies are doing related to aging. If Congress legislates a specialized training program in addition to what these agencies are doing, we are talking about duplication and very possibly waste. The way to attack it is through the identification of the aging projects, objectives, and priorities in all agencies. In this way, we think you will have control and we will be accountable to the extent of developing and coordinating common objectives of the aging programs in agencies.

Senator GURNEY. This is an added new accountability that did not exist before, is that correct?

Mr. KURZMAN. That is correct.

Senator GURNEY. An attempt to pin down and find out and define all we are doing in the field of aging and put it under one common commission so people can understand and see what we are doing?

CONGRESSIONAL INTENT

Mr. KURZMAN. Exactly. I think this was part of the intent of Congress in creating the Administration on Aging in the first instance. As you know, there is a great deal of language in the act which suggests that the Administration on Aging should be doing this. What we are trying to do is to put teeth into that directive of the Congress and, an important step in this direction is the research and demonstration area.

Senator FONG. Do I understand you, as Commissioner of Aging, will have this power? Will you be head of the interagency committee?

Dr. FLEMMING. First of all, Senator Fong, the amendment to the Older Americans Act places on the Commissioner of Aging responsibility for coordination in the field of aging. In the second phase, the President, a couple of years ago, established a Cabinet-level Committee on Aging and the Secretary of HEW is the chairman of that committee. The Secretary, with the concurrence of the President has indicated that he expects me to set up and chair, as executive chairman, an interagency group designed to coordinate all of the executive branch's activities in the field of aging. As Mr. Kurzman's testimony indicates, one of my first acts will be to establish within that group a task force to coordinate the Federal aging activity in the field of research.

Senator FONG. There is no question now, under the authority given you by the act and by what the Secretary of Health, Education, and Welfare has done, that you have now the power in your office to bring together all of these various programs?

Dr. FLEMMING. I have no doubt at all about the kind of assignment that I have been given. I would like to say to you and Senator Chiles, that as this assignment develops, I will be very happy to share with the appropriate committees of the Congress our activities—the kind of identifications that we will make of authorities and responsibilities on the part of other Federal departments and agencies, and the objectives and priorities we have agreed upon. A complete overview will be given to the Congress, and it may lead to the Congress wanting to make some changes.

My objective is to see to it that the authorities and the resources that we now have are focused on specific objectives in the light of priorities and that we get the best possible results out of it for today's older people.

Senator FONG. As a member of the Appropriations Committee, I have been quite concerned by duplication of efforts in all of these agencies. Every time we have a meeting, we find there seems to be a duplication in various fields.

For example, in education of young people. In the matter of young people, you have dropouts, you have delinquents, you have people who are juvenile criminals, and you have others and every agency seems to have some phase of this work.

COORDINATED EFFORT NECESSARY

The same is true in the Committee on Aging and in the aging field, every agency seems to have some input. We have never had this drawing together of all of the various functions of these various agencies. The reason is because every committee has jurisdiction over its little phase of whatever the problem is and everyone wants to delve into that problem from its own angle and there has not been any coordinated effort. I do hope this coordinative effort will give us a true picture of what we are trying to do and where we are heading because I can see where, if you do not have a true picture, the universities probably will not know where they are going. Each university will be thinking along one line and there may be duplication of efforts and there will be a wasting of money. I can see with the powers in your directorship, you

will be able to tell each university what phase of the work on aging that they will be able to enter. Is that the idea?

Dr. FLEMMING. At least the college or university will know what the Government's objectives are, what our priorities are, what agencies are participating in programs designed to achieve those objectives and then they can make their decision as to whether or not they want to develop proposals which are consistent with those objectives and those priorities.

Having been on the other side of the table for 10 years, I know that it is difficult for any one institution to identify all of the departments and agencies of the Government that are involved in research in aging or that are involved in a good many other activities. Certainly looking at it from that point of view, I would welcome the Federal Government saying: Here is a statement of our objectives, and our priorities; here is an indication of the agencies that are prepared to participate in the program designed to carry out the objectives. I would certainly welcome having one person who could give me guidance and assistance in trying to work with the various departments and agencies. This is the objective that we have in mind.

Senator FONG. Now that you have the objective and shown us where part of the money is, could you tell us when the proposal of the administration in bringing all of these agencies together will be available and the amount of money that they will have dealing with the problem of aging? Will that amount of money, together with the amount of money that we have appropriated in the general field of aging, be more than what we have heretofore appropriated?

Could you give us that?

Dr. FLEMMING. Senator, I would not want to respond offhand to that question. I think if you give us a chance over a period of a few months to pull this together, in the way that I have indicated, that then it would be possible to be responsive to a question of that kind.

GRANTS TO STUDENTS

Senator FONG. With the President's proposal, we would have a basic opportunity grant to students, in the field that they choose. With the number of added students that will be put under this program, could you say that there will be more money funneled into this phase of our efforts in aging?

Mr. KURZMAN. We can certainly say, Senator Fong, that very substantial additional moneys are being put into student aid by reason of the express basic opportunity grants program. As my testimony indicated, the revision by the Congress in that strategy kept the increase that the President had proposed to approximately half a million dollars over the set fiscal 1973 money for general student aid.

It changed the mission of programs so that the basic opportunity grants program will, in this fall, only go into effect for freshmen, but it did place funds in the college work study program; the President had asked for continuation of that program. It also placed funds in the national direct student loan program and the supplemental opportunity grants program, all of which will be available for undergraduates and graduates in the field of aging, as well as in other fields.

We think that there exists a very substantial increase in the proportion of our population eligible for program benefits. We think there is enormous interest generated by the new services and cash assistance programs which are now going into effect. For example, there is the program services of title III and VII of the Older Americans Act. There is the new supplemental security income program which the Social Security Administration will implement in January of the coming year. All of these will combine to generate teriffic interest, we believe, in the field of aging among undergraduate and graduate students who will have this great infusion of additional Federal support for their expenses of college and post-graduate training.

Senator FONG. As members of the Committee on Aging, we do not want to see the older people shortchanged. We want to see them get as much as we can provide for them, in line with our fiscal position, and that is the reason why we want to know how are they coming out in this new concept.

Mr. KURZMAN. We understand and sympathize with you entirely, Senator Fong; HEW's constituency consists in large part, if not exclusively, of very high level, vulnerable groups within our population: The poor, aged, children, disabled; and our interest is congruent with your committee's concerns.

INEQUITABLE DISTRIBUTION

We just feel this very targeted kind of narrow training program is drawn up not only in aging but in a series of fields, which is distributed inequitably because it is disbursed to a limited number of institutions. With the resources and training programs available, we think through a combination of student aid, student choices, plus a much better focused coordinating research and demonstration program, we will in fact have a better training picture and a greater involvement of institutions of higher education in the field of aging than we have actually had before.

Senator FONG. Dr. Flemming, I know you were just sworn in the other day but could you give us an idea of what is the target date whereby you could give us some picture of how this coordinating is working?

Dr. FLEMMING. Target date?

Senator FONG. Yes.

Dr. FLEMMING. I think that by the time the Congress returns from the August recess that I will be in a position to share some very specific information with the committee along this line.

Senator FONG. Fine.

Dr. FLEMMING. The process will not have been completed by any means, but the reason I set that as a target date is that I know that unless I achieve that date, I cannot be very helpful to the educational community as educational institutions work on their budget for the next fiscal year.

Senator FONG. That is your top priority, though?

Dr. FLEMMING. That is right. I am giving this a very high priority so that educational institutions will have the information available in September, so that they can begin to file applications and will know

what is going to happen to those applications in time for them to make their commitment for their fiscal or academic year, 1975.

Senator FONG. So you do not need any legislation at all?

Dr. FLEMMING. I feel the legislation which is in the Older Americans Act plus the directive from the President gives me ample authority and opportunity of getting results.

Senator FONG. If you were ready, could you give something in writing to the committee so we could have an idea when you are ready?

Dr. FLEMMING. I would be very happy to. I will be glad to keep in touch with the staff of the committee, as this process goes forward, and with the members of the committee. At an appropriate time, I would be very happy to send a communication indicating our status and if the committee would like me to come up and discuss it with them, I would be more than happy to do so.

Mr. KURZMAN. I would like to try to conclude quickly on the third element, the development of comprehensive service programs.

Finally, institutions of higher learning will be helped in attracting persons to and preparing them for careers in aging by the policy of using Federal dollars to encourage the development of comprehensive and coordinated service and nutrition programs for older persons newly authorized under 1972 and 1973 amendments to titles III and VII of the Older Americans Act. The 1974 budget request includes $196 million for these programs as contrasted with $44.5 million available at the present time.

STRENGTHEN AND EXPANDING PROGRAMS

The initiation, strengthening and expansion of such programs in many communities will have the following results for colleges and universities:

It will provide them the opportunity to become involved in State, area, and community planning for the coordinated delivery of essential service to older persons.

It will provide them the opportunity to offer courses for older persons as a part of the comprehensive service programs.

It will provide them with the opportunity to offer both short-term and long-term programs to train or update the training of persons who operate the service programs for older persons. For example, universities are now assisting 2,500 nutrition project directors in short-term training.

If a college or university decides to take advantage of the opportunities for service to the field of aging provided by the development of these comprehensive community based service programs for older persons, it will have the following results in the area of training for work in the field of aging:

The meaningful involvement of the college or university in these community based service programs will capture the attention of both undergraduate and graduate students and will help to attract them to the field of aging.

Undergraduate and graduate students will have opportunities for being involved in both the planning and operation of these programs and, as a result, will learn by doing and, at the same time, add to their financial resources.

Fees paid for participating in courses for older persons and in short-term and long-term training programs for those who are recruited to operate the service programs for older persons will help to strengthen the financial base of the institution's total program in the field of gerontology.

Other Training Opportunities

To supplement these major training opportunities, colleges and universities will from time to time have the opportunity to participate in training programs designed to assist the Federal Government in meeting specific national objectives.

For example, in March 1972, President Nixon announced his intentions to dramatically upgrade the quality of nursing home care. In response to this message, the Department of Health, Education, and Welfare helped to establish a nationwide network of training programs designed to increase the knowledge and to improve the skills of personnel engaged in providing patient care in nursing homes. Training for 40,000 nursing home staff members is programed for completion by July 1974. In addition, university based training for State nursing home surveyors has been completed for 1,000 surveyors.

Under the Federal Employees Training Act, to take another example, Federal agencies can finance the cost of making it possible for Federal personnel working in the field of aging to obtain necessary specialized training in aging from colleges and universities.

In summary, this administration believes that the Federal Government can help colleges and universities become involved in the field of aging, and, by so doing, contribute significantly to research and demonstration programs, the development of coordinated and comprehensive service programs for older persons, the training of personnel engaged in these programs and, by so doing, plays a major role in responding to manpower demands as they develop in the field of aging.

Senator Chiles. Mr. Kurzman, we have gone long over our time here, but I have a series of questions, some of which I would like to submit to you, and ask you to answer them for the record, and we are trying to complete our record within a week or 10 days, so if there is any way you could help us, we would appreciate it.

Mr. Kurzman. The questions will be answered and submitted for the hearing record.[5]

Senator Chiles. In a memorandum sent to the Social Rehabilitation Service regional offices in April of 1973,[6] two major points were made: (1) New proposals be considered for traineeships, that only students who are previously enrolled in the program would be eligible, and only until June 30 of 1974; and (2) the faculty or institutional support will be limited to a maximum 50-percent support of the student returning to the program.

$2.9 Million Cutback Cited

I further understand these two phases of activities will produce a $2.9 million cutback of efforts under the old training act, and these raise a number of questions which I woud like to direct to you.

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[5] See app. 1, item, 1, p. 147.
[6] See app. 1, item 4, p. 156.

Is the information that the committee has received about these proposals correct?

Mr. KURZMAN. I am not familiar, Mr. Chairman, with the particulars.

I would be happy to answer your question in writing on this.

In general, I should point out that the Department's responsibility is to alert the agencies of any actions that may well have to be considered under the budget's proposal; so the President's budget did propose that this be phased out.

Senator CHILES. This memorandum will not be in effect until next year, this would not——

Mr. KURZMAN. I think I ought to point out, I meant to do this in connection with your opening statement, Mr. Chairman, that the training funds are forward funding.

For the Administration on Aging, this means the funds appropriated for fiscal year 1973 are spent during the school year 1973–74, starting next September. The result is that under the President's budget proposal, there would be a phasing down, it would decrease $2.9 million from the $8 million which was the 1972 figure. The proposal is to phase it out for the following school year, 1974–75.

I think that is an important point. We are not talking about the present program. It is not a cutoff that would be effective on June 30 of this year. I am talking of the following school year.

Senator CHILES. That is a reduction that you are telling the universities not to take any additional pupils, that you will not fund any additional pupils, and that you are only funding a percentage of the ones there of 50 percent, you have already issued that instruction?

Mr. KURZMAN. Dr. Flemming is more familiar than I am.

Dr. FLEMMING. You have summarized it correctly, Mr. Chairman.

To carry out this decision reflected in the President's budget, it was necessary for the Social Rehabilitation Service where the Administration on Aging was located at that time to develop an instruction on phasing out training programs.

GOVERNMENT STIPENDS CURTAILED

You are dealing with a forward funding situation, as Mr. Kurzman indicated, so they were told that the Federal Government would not provide stipends for new students, beginning in the fall of 1973. They were also told that the institutional support would be related to the number of students that would still be in the program.

Senator CHILES. The Congress has set up this categorical program, it would seem like the Congress would have something to say to this matter.

Now, warning institutions that the President's budget does not foresee that funding being available, would certainly seem to be warranted if the President's budget did not provide that, but it would seem like the action of Congress would have something to do with whether this program would go forward or not.

Dr. FLEMMING. It is clear that the decision reflected in the President's budget for 1974 is a decision that is a form of a recommendation to the Congress. Of course the Congress will make the final determination of that recommendation, as it appropriates the funds for 1974.

But the Department of Health, Education, and Welfare is simply taking note of the decision reflected in the President's 1974 budget, recognizing of course that the Congress might arrive at a different conclusion.

Senator CHILES. Doctor, I am happy to hear you recognize that they might.

We have not had that recognition around here very much.

Dr. FLEMMING. I recognize that sometimes recommendations made to the Congress are not accepted by the Congress.

Mr. KURZMAN. Our direct testimony concedes that point when we talk about the student aid mix, we would prefer one more targeted on students' needs, which is the President's basic opportunity grants as provided for.

The Congress sought to keep a different mix—to keep some of the older programs in place. The President accepted that decision of Congress, and we are implementing that program.

Senator CHILES. If the Congress feels fit to feel there still should be some kind of special training for the aging, as well as coordination of all of the other programs, perhaps you can work in that direction?

Mr. KURZMAN. I think that is a hypothetical we will have to answer, Mr. Chairman, when and if that occasion arises.

Senator CHILES. I mean if that was the legislation that came from the Congress.

Mr. KURZMAN. Obviously the President has a constitutional role here too, and we have to await his determination.

Senator CHILES. Assuming that if the bill became law, the legislation became law.

Mr. KURZMAN. We are following the law now and we would continue to do so.

Senator CHILES. Well, when you are withholding funds, or you advise the agencies that you will withhold some $2.9 million, are you following the law now?

Mr. KURZMAN. We believe we are.

BUDGET PROPOSAL TO CONGRESS

We believe we have an obligation to alert and advise the agencies that the President's budget does propose this to the Congress so that they do not rely on some other expectation.

At this point, that is what the President has proposed, and the Congress has not yet acted.

Senator CHILES. The President's proposal is not law, is it?

Mr. KURZMAN. Not at this point, no.

On the other hand, we think we have an obligation to these institutions who have relied on this program, to notify them of the administration's intentions.

Senator CHILES. I would like to have a copy of your memorandum.

I would like to see whether you have notified them that was a possibility, or you have instructed them not to take anymore students.

I would like to see a copy of the memorandum.

Mr. KURZMAN. We will supply that for the record.[7]

[7] See app. 1, item 4, p. 156.

[Two memorandums with respect to the phaseout of direct training grants were sent to SRS regional Commissioners by the Acting Administrator, Social and Rehabilitation Service. The regional offices had responsibility for notifying educational institutions of the new policy. Copies of the memorandums, dated April 16 and May 17 appear in appendix 1, item 4, page 156.]

Senator CHILES. Senator Gurney.

Senator GURNEY. To put it another way, the activities that are now in effect in these colleges and universities, also have to be funded by an act of Congress, is that correct?

Mr. KURZMAN. That is correct.

Senator GURNEY. So Congress has not acted either way, the President in recommending one course, which will be followed if it goes as he recommends, but then obviously the colleges and universities will be really out on a limb, with the limb sawed out from under them, so you are warning them not to do this, out of, I think, good advice to them.

Senator CHILES. Mr. Kurzman, in addition to what is already on the books, in the Older Americans Act, Congress did not appear to be retreating from the special training program. As I read the amendments to the act, they appeared to be strengthening the program, but the authorization appears to be strengthened in this title IV, training section IV. The purpose of this part is to improve the quality of the service to help meet critical shortages of trained personnel in the field of aging, by: (1) Developing information, and actual needs of personnel working in the field of aging, (2) to provide a broad range of quality training and retraining opportunities, (3) to attracting a greater number of qualified persons in the field of aging, and (4) helping make personnel training programs more responsive to the need for training personnel in the field of aging.

It would appear that the Congress is speaking of strengthening this program rather than retreating from it.

Mr. KURZMAN. As I indicated, Mr. Chairman, many of these activities are exactly the activities we propose to continue and strengthen.

The one subsection of that which deals with stipends to institutions, we are proposing to the Congress not to fund beyond the next school year.

SHIFTING OF SUPPORT

Under the forward funding, it is funded to the extent of some $3.5 million for the next school year. We are proposing to the Congress not to fund it again. It is our proposal to shift to other sources of support, principally student aid, demonstration, and service programs.

Senator CHILES. The administration's proposal in the area of general noncategorical student aid, as I understand your administration's policy in regard to institutional support, it is that these grants are going to take care of the institutional support of all of these other agencies?

Mr. KURZMAN. We are saying, Senator, that we think the combination of three sources of funds will be better than this narrow specific institutional form of aid.

The first is the greatly increased general student aid, the second is the coordinated research and development funds, much of which goes

for training, and the third is the linkages of universities and colleges with the coordinated comprehensive service programs.

Senator CHILES. A short time ago, the committee sent out a questionnaire to educational institutions as to a program of gerontology, and the overwhelming response in our survey can be summed up as follows: Their training programs are to be seriously curtailed and terminated, and then again, is it your feeling, doctor, these other programs are going to take care of that?

Dr. FLEMMING. Mr. Chairman, as most of the institutions know, I am certainly prepared with the assistance of my colleagues to work with them on an institution-by-insitution basis.

Where the institution is clearly committed to the field of aging, I am going to, with the assistance of my associates, do everything I can to see to it that they get the kind of Federal support in these other areas, which will enable them to continue their present programs but hopefully, to strengthen them.

Now, I mentioned a number of times institutions that are committed to the field of aging. There are quite a number that have made very clear commitments, concurred in by the governing body, the president of the institution, and the faculty. It is those institutions that we really want to work with in order to strengthen their position in the light of their commitment, and I think we can do that.

I think we can have a successful experience.

Senator CHILES. One of the major interrelations of the Older Americans Comprehensive Services Amendments was a provision for multidisciplinary centers of gerontology which would support a comprehensive program of research and training.

FUNDING NOT REQUESTED

Since this authorization and legislation was not enacted into law, and President Nixon supported and submitted his fiscal budget last January, no funding was requested for this.

Now that the Older Americans Comprehensive Service Amendments have become law, I am interested in knowing whether the administration will support funding for this program.

Dr. FLEMMING. Mr. Chairman, I am about to begin the process of determining the kind of recommendations that are going to be made to the Department for the fiscal year 1975 budget. And the Department of course, will be making determinations as to what to recommend to the President.

This is one of the areas to which I will address myself.

You can see that some of the things that I have said about coordinating research and demonstration programs, and the impact of that on educational institutions is rather closely related to the title to which you have referred. I certainly recognize that the Congress has provided this authorization; it did not, however, authorize any specific sums; it simply provided that such sums as necessary be authorized. I certainly will be making some recommendations about this title, as I will on all of the other titles, in connection with the fiscal year 1975 budget. That process is just beginning, and I have not had the opportunity to become involved in it as yet.

Senator CHILES. Section 402(a) of the Older Americans Comprehensive Service Amendments provided the Commission shall from time to time appraise the Nation's insisting on future personnel needs in the field of aging. In view of this directive, Dr. Fleming, how do you plan to implement this provision, and how frequently do you think the periodic survey should be made?

Dr. FLEMMING. First of all, I recognize that this responsibility has been placed on me by the law and I certainly intend to present a program for carrying out that responsibility. I have not had the opportunity for sufficient discussion on this issue with the staff of the Administration on Aging. In response specifically to your question, I will be happy to answer it in a month or so, after I have had an opportunity to study it.

Senator CHILES. Thank you.

Senator Gurney?

Senator GURNEY. Mr. Secretary and Dr. Flemming, I have a number of questions I want to pose, but they involve sums of money that go into these programs, and I think probably require a little research in your own shop to produce them, so I will submit them in writing.

It is my understanding of this whole area of aging, that each year we put more resources, more money into it, and doing a much better job all along, at least as far as money is concerned, and I want to draw out these facts so it will appear in the record, because we have had some rifle shots here and there, that perhaps some sacred cow is not being milked at a particular university, and I think we should be more interested in the overall programs, and my questions will be written and directed to you, and I wish you would supply them for the record.

Mr. KURZMAN. We will be happy to answer any questions you may have and supply them for the record.[8]

SHORTAGE OF TRAINED PERSONNEL

Senator CHILES. Just for our record, so it is clear, is it not so that we do not have trained personnel in this field, that we are grossly short of trained personnel?

Dr. FLEMMING. The testimony indicated that we certainly recognize the need for additional personnel. There is no doubt about that.

Senator CHILES. And there will be a continuing and accelerating need for personnel in the future, of trained personnel?

Dr. FLEMMING. Mr. Kurzman has given you a couple of specific illustrations.

There are personnel demands in connection with the SSI program, under H.R. 1; and in addition to that, the fact that the President's budget calls for close to $200 million for titles III and VII of the Older Americans Act as contrasted with prior budgets, means that additional trained personnel will be generated.

Mr. KURZMAN. I should point out, too, that in connection with this supplemental security income program which becomes effective January 1, 1974, it would add some 3 million new recipients to the rolls of the aged, blind, and disabled—recipients of Federal assistance. The Social Security Administration has already hired some 8,000 em-

[8] See app. 1, item 2, p. 149.

ployees—approximately half of the total they will require to administer this program on a national basis—and has already begun extensive training programs of its own for those new employees. As we have mentioned in connection with title III and title VII of the Older Americans Act, we have begun to train approximately 2,500 nutrition directors. So that we are already very actively engaged under other authorities and with other moneys with training to meet the demand.

Senator CHILES. As I understand it, under the last year's budget, we spent some $8 million, or we appropriated $8 million for the training program, categorical programs?

Mr. KURZMAN. That is correct.

Senator CHILES. And aside from the decision that we are going to get away from categorical programs, we are going to the student funding, was there any study that showed that this program, was that a failure?

Mr. KURZMAN. No, Mr. Chairman.

I think the ground upon which we proposed to phase out this half dozen or so narrow categorical programs of direct institutional aid, was not based on the position that they have failed.

Clearly if you give institutions money and say they can attract students by reason of offering bait by coming in with a stipend, it is going to work, there is no question about it.

It tends to select a relatively small number of institutions and attract students into a small number of fields.

When you add these categorical or training programs together, it is a patchwork that does not accurately reflect, in our view, either student desires, nor does it accurately reflect the other side of the demand picture—the kinds of needs that are evident in the communities.

Senator CHILES. Part of that would relate to the number of dollars you are putting into the program, about $8 million?

Mr. KURZMAN. No, it is just the type of distribution which seems to us to not be very well adapted to matching the manpower needs with the manpower availability.

Senator CHILES. If you were having some 70-something percent of people going into that, and specializing, that sounds like a pretty high percentage to me.

Mr. KURZMAN. Senator Gurney pointed out that about a quarter of those students lacked the commitment to continue, and we think under a student aid, research, and demonstration, plus the service approach, that perhaps we will attract 100 percent who will enter the field after training.

That is a better cost benefit ratio than 75–25.

Senator CHILES. As a dream it is, but is it the reality that you can count on. I wonder if you know of any other programs that you are getting that kind of mix, 100 percent?

Mr. KURZMAN. Well, I have nothing specific to go on, except clearly where a student picks a field of interest, it is his choice, and not because he has been attracted to a specific stipend, but rather he has been given financial assistance, which means that he can enter any field, in any university or college, with a sense of commitment.

Senator CHILES. Do you know what percentage of students that go to law school end up being lawyers?

Mr. KURZMAN. Lawyers now do many things including testifying before Congress.

Senator CHILES. I would say it would not be 77 percent.

Mr. KURZMAN. With changes in the legal profession, and the ways in which lawyers are used, probably legal training is used much more.

DIFFERENT SCHOOLS OF THOUGHT

Dr. FLEMMING. Mr. Chairman, in this subject of student aid, there are two schools of thought within the educational world, as well as outside of it. As Mr. Kurzman has pointed out, the President, through his budget, decided to align himself with one school of thought, which does give the individual student the maximum opportunity of freedom for making his own decision relative to his career, and his decision will not be unduly influenced, because of the fact that the financial inducements in one area are more attractive than they are in another.

Now, both sides of this are debatable. As one who has been in the field of educational administration, I personally favor a policy which gives the individual student maximum freedom in making his decision.

Senator CHILES. I think that we have always offered some inducements when we felt it was necessary to attract people into something that was a new program, or something that perhaps had had the publicity, and we are always trying to do something extra to try to provide doctors in the rural community.

They have their free choice, they can all go in if they want to, but we are always trying to induce them to go in, and it seems to me that this was a new enough program, that we need some inducement to attract people to it, as opposed to opening up more funds with which they can go into any of the regular disciplines or professions, and now it is going to be much more available to go into those, I just wondered what we are going to get.

Dr. FLEMMING. I have developed enough insight in the field of aging over the period of the past 2 years, and I believe that those who are responsible for developing and implementing programs in the field of aging, colleges and universities, will be able to compete successfully for some of the very best undergraduate and graduate students.

Time alone will tell whether or not that is correct.

Senator CHILES. I hope you are correct, and I think it does appear, once they get the program to start working, they become very caught up in it.

Our testimony has revealed that. I think the figures of 77 percent reveal that. I think that is very, very high for any kind of discipline, I think that is very, very high, and it shows that they stay and get caught up with it, but I think the figures show that, and I hope you are right.

Senator GURNEY. Perhaps another way of getting at it would be this, in the increased moneys you are putting into the overall program of gerontology, as compared to what we have done in previous years and just last year, do you think any of your money will go wanting, begging, or unspent?

Mr. KURZMAN. No; we do not anticipate that.
Senator GURNEY. I would doubt it.

MATCHING MANPOWER TO NEEDS

Mr. KURZMAN. We are talking about the kind of mechanisms that really best matches available potential manpower to the manpower needs; and what I think the President's proposal is doing, is saying that the market mechanism is the best way to do that.

One bit of evidence we do have, where the Federal Government did get into a specialized training program for the training of teachers—it created an oversupply. We do not know very accurately—we do not have that kind of capability in a country of this size—when a specific inducement like a narrow categorical program for a specific field ought to be turned off. We found that the program was not turned off in time, and we have created a considerable waste of teachers who are trained, but cannot find employment.

Senator GURNEY. Did not we also do that in the fields of science and technology?

Mr. KURZMAN. You are exactly right, sir.

Senator GURNEY. We overinvested?

Mr. KURZMAN. That is correct.

Again, we are targeted on a specific type of training, and did not permit the market mechanism to operate.

Senator CHILES. I just noticed from the recommendations on the White House Conference on Aging, one of the specific recommendations was to especially induce training, traineeships, scholarships, tuition grants, and loans, that they should be used to recruit personnel, particularly those in minority groups into careers for the aged.

Dr. FLEMMING. We must keep in mind that aging has not been singled out here in the President's 1974 budget.

It is a part of a broad policy decision that affects quite a number of areas. As you can see, our thrust now is to take the resources and authorities that are available and handle them in such a way as to strengthen the resources available to the educational community in the field of aging. That in turn will attract both undergraduate and graduate students who in turn will devote their lives to the field of aging.

Senator CHILES. I certainly agree with you, doctor, that aging, training was not singled out, I think it was kind of caught in the decision that was changing the other categorical approaches.

I would like to submit a couple of questions, if I may that could be answered for the record, to Dr. Tibbitts.[9]

AoA TRAINING GRANTS

Under title IV, part C of the new Older Americans Act, the Administration on Aging may make grants to institutions and organizations for the purpose of establishing or supporting multidisciplinary centers of gerontology.

What is the relation of these proposed centers with overall training, and how will the overall training be affected?

[9] See app. 1, item 5, p. 158, for reply of Dr. Clark Tibbitts, director, manpower development, Administration on Aging, Office of Human Development, HEW.

And to Dr. LaVeck, the Senate Committee on Aging did not receive, as it usually does, a report describing activities related to aging at the National Institute on Child and Human Development.

I would like such a report from NICHD for this hearing record, and I would like to have it within the next week.[10]

Also for the record, if you could describe the level of support in the fiscal year 1974 budget with that of the fiscal year 1973 budget in regard to training related to aging.

Dr. LAVECK. That portion of the President's budget to be spent on aging research by NICHD is:

Research grants	$5,771,000
Intramural research	3,452,000
Research contracts	600,000
Epidemiological research	95,000
Total	9,918,000

In addition the fiscal year 1974 budget contains $630,000 for research management and $1,290,000 for training for research.

The total NICHD budget concerned with aging is thus $11,838,000 for fiscal year 1974.

The research on aging conducted and supported by NICHD is concerned with medical, biological, and behavioral aspects of aging as they relate to health.

Senator CHILES. I want to thank all of you for appearing, and for your testimony this morning.

Mr. KURZMAN. Thank you, Mr. Chairman.

Senator CHILES. Because we are running a little pressed for time, I think if we could have Dr. Maddox, who is accompanied by Professor Cohen, if they would come on up, and then maybe Dr. Donahue, if you could come to the table, we would make it a panel.

We will accept your prepared statements in full, and perhaps if you could summarize them for us in your testimony, we can then get into a panel discussion more quickly.

STATEMENT OF GEORGE MADDOX, Ph. D., DIRECTOR, DUKE UNIVERSITY CENTER FOR THE STUDY OF AGING AND HUMAN DEVELOPMENT, AND CHAIRMAN OF THE EDUCATION COMMITTEE OF THE GERONTOLOGICAL SOCIETY

Dr. MADDOX. I would like to emphasize two points, especially in the light of the testimony just preceding us. I call your attention to my prepared statement, where I describe the position taken by the White House conference on Aging on research and training.

The people attending the White House Conference were deliberately, not only academic people, but chosen to represent broadly those interested in the aging.

The previous testimony indicated there were two points of view in regard to research and training in aging, and the White House Conference came down unanimously for categorical support of these activities.

There were knowledgeable people that looked at the situation, and they recommended categorical support. The post conference board had

[10] See app. 1, item 6, p. 160.

before it the specific proposals from the administration you heard presented this morning. These administration proposals were reviewed carefully in the light of their experience and reasonable projections about future needs. The post-conference board recommended against these particular proposals.

Aging has come a long way. I do not suggest it is a totally uninteresting area, but it has a long way to go to become competitive with other careers. There are very special problems in working in the field of aging.

Geriatrics Attracts Few Physicians

Our society, for example, has not done all it can for the aging. I am particularly aware of this after a decade of working in a medical center at a university. Geriatric medicine attracts very few physicians.

This is also true for nursing, for clinical psychology, and to some extent social work. I do not see the inducements for large numbers of students to develop careers in aging. More than money will certainly be required to develop and maintain manpower for service, training, and research.

My second comment, and with this I will conclude my presentation, concerns the importance of gerontology centers as the context for developing and maintaining manpower in the field of aging.

If we are in fact to depend increasingly on market forces to attract manpower under the administration proposals, it is extremely important that we have attractive programs to present.

We are not assured of that at the present time since appropriations have apparently not been requested to implement the development of gerontology centers provided for in the amendments to the Older Americans Act.

I was not reassured by the testimony that perhaps in 1975 there might be some support for these centers which I believe would be crucial now.

Senator Chiles. Thank you. Your prepared statement will be made part of the hearing record.

Prepared Statement of George L. Maddox, Ph. D.

Mr. Chairman, I am George L. Maddox, director of the Center for the Study of Aging and Human Development, Duke University. Today I appear as chairman of the education committee of the Gerontological Society.

For over a decade, I have been actively involved in research and teaching on problems of the aging and have served in an advisory capacity to NIMH, NICHD, and the Administration on Aging for a decade. I was an author of the technical background paper on research and demonstration for the 1971 White House Conference on Aging and chairman of the committee on research and training for the post-conference board.

The Gerontological Society, and I personally, vigorously support increased Federal appropriations for research and training in the interest of improving the quality of life of elderly persons. The prospect that Federal support for training and research in aging will decline or, at best, will remain constant disturbs all informed persons. The prospect is disturbing because it comes at a time when the number of older persons in our society is increasing at an unprecedented rate and increasing faster than any other age group in our population. The elderly now constitute 10 percent of our population—a percentage which has doubled since the turn of the century. Population projections indicate that the proportion of the elderly may be as high as 16 percent within the next 50

years. The special needs for a wide range of health and social services among the aged is well documented.

As a Nation we have received convincing evidence that our current social services and institutional arrangements for the elderly are inadequate or, at best, barely adequate, and often appear to be both ineffective and inefficient. A sizable minority of the elderly live in poverty; many of them are at high risk for extensive medical care and for spending their last years in special care facilities of dubious quality. Many lack adequate transportation and housing and are at high risk for losing vital contact with the social world around them.

Our intention as a Nation, and the announced intention of the Administration, is that our elderly citizens must be assured an adequate quality of life. We concur. But the representatives to the 1971 White House Conference on Aging—which included the best informed laymen and professionals in the United States—argued persuasively that our national objectives for the elderly will not be achieved without increased investment in research and training in gerontology. Improved organization and delivery of services to the elderly are predicated on adequate information and on trained manpower.

Representatives to the White House Conference on Aging noted that, until very recently, research and training in aging have suffered from neglect. Consequently, trained manpower for research and training in aging is quite limited and the number of academic institutions committed to producing this manpower remains small.

We need to be frank about the manpower situation in aging. Working with the aged, in spite of its societal importance, is not glamorous and does not appeal to many when they are considering alternative careers. This is why the education committee of the Gerontological Society has attacked so vigorously the administration's application of its principle of "no categorical training" to research and training in aging.

The administration, using as its illustration biomedical research and training, argues that goals for planned expansion in specialized manpower have been reached and that law of supply and demand will now suffice to produce needed manpower. This argument is generalized to training in aging. Both the White House Conference on Aging post-conference board and the education committee of the Gerontological Society are on record as rejecting the applicability of this conclusion to the field of aging. The facts indicate the contrary. The detailed statement from the Gerontological Society is submitted for the record.[11]

We understand and accept the need for fiscal responsibility. But we argue that our estimates of immediate and long-range need for trained manpower in aging indicate the need for an increased, not a decreased, investment at this time. Efficient, effective services for the elderly will not be insured by reduction of support for research and training. The contrary is true. Adequate appropriations, particularly for training, must be insured for both NICHD and AoA.

Based on a decade of service as a study section member in the NIH and on continuing discussions with knowledgeable colleagues regarding the fiscal needs of the adult development branch of NICHD, I estimate that NICHD could spend responsibly at least $16 million in research and training in fiscal 1974. This is $4.3 million more than currently requested. My detailed estimates are as follows:

Adult Development Branch, NICHD
(in millions)

	Agency request 1964	*Minimum needed 1974*
Research	$6.0	$9.0
Contracts	0.6	1.5
Training	1.6	2.0
Intramural	3.6	3.6
	11.8	16.1

As a related matter, I call your attention to the research and training titles of the recently passed amendments to the Older Americans Act. The administration has not requested an appropriation for training. Responsible estimates of minimum budgetary needs for the Administration on Aging to carry forward its

[11] See p. 130.

program of research and training in the interest of improved services for the elderly in fiscal 1974 are:

Administration on Aging Research and Demonstration and Training Needs
Fiscal 1974

	Million
Training	$8
Research and demonstration	9
Regional gerontology centers	12
	29

In this presentation I have not made a distinction between the need for research and the need for training. Both are important and each develops best in the presence of the other. Both research and training develop most adequately when they are coordinated in the interest of securing more accurate information about and more effective services for the elderly. Support for gerontological centers is well documented in the proceedings of the 1971 White House Conference on Aging.

Mr. Chairman, I stress the importance of gerontological centers because training at its best is conducted in a context in which research and evaluation of applied knowledge are integrally related activities. Adequate training for service personnel in the field of aging cannot be adequately sustained in the long run without centers of excellence which provide the context in which the producers and consumers of knowledge about aging and programs for the aging interact continually.

Currently there are only a few gerontological centers in the United States. These centers have of necessity been heavily dependent on Federal support. Eventually, a new balance of State and Federal support may be, perhaps should be, achieved. But it is imperative that in the short run this adjustment in sources of support should be carefully planned and executed in order to insure adequate flow of trained manpower into social service and health programs for elderly. Sustained Federal investment in gerontological training over the next 2 years is essential at a minimum. After that, careful review will be necessary to insure that a new balance of sources of financial support is in fact achieved.

In a period of transition I am also concerned about coordination of activities between NICHD (adult development) and AoA. Coordination of Federal research and training activities in aging has always been minimal. In the past decade, some understandings have emerged, e.g., NICHD has emphasized basic (vis a vis applied) research and research training in contrast to AoA's emphasis on nonmedical and applied programs. I emphasized that these were emphases, not exclusive preoccupations, achieved informally. In a time of transition, several issues require explicit attention:

First, research and training in gerontology needs additional visibility in the scientific community as well as additional financial support. The need for additional information about and trained personnel to complement needed service programs for the elderly is very easy to overlook. Our national commitment to respond to these needs should be clearly established in the National Institutes of Health either by a National Institute on Aging or a Center for Aging within NICHD. I would add that the creation of a Center on Aging with NIMH is also long overdue.

Second, as funds are reduced, I observe a tendency to pit biomedical against behavior/social science research and training in aging. Bill H.R. 7724, e.g., illustrates the general tendency to stress the needs of biomedical research and training at the expense of other types of research and training. I am a supporter of biomedical research and training. But I argue emphatically that the needs for behavioral and social scientific research in aging is, *a fortiori*, as great as the need for biomedical research. Thus, I am arguing not against biomedical research and training but for a sense of balance in the funding of these activities in the future. For the elderly particularly, problems tend to have a social and psychological as well as a physical component.

Third, there is a related concern about the evaluation of research and training in aging at the Federal level. The current emphasis on action programs and coordination of Federal activities in aging is well placed. But I hope that these emphases on action and coordination will not be viewed as antithetical to outside review of proposals for research and training. The review procedure of

NICHD should be retained and the review procedure of AoA should use outside review far more than it does currently. Moreover, the effects of regional decentralization of AoA on the review of research and training programs should be reviewed carefully. Unless persons adequately trained in gerontology staff regional offices of AoA, decentralization will turn out to be diffusion of responsibility.

Fourth, careful attention should be given to the coordination of research and training activities of NICHD and AoA in the next several years. The investment of AoA in gerontological research and training is now greater than that of the adult development branch of NICHD. Explicit understandings about program objectives are needed.

We think the evidence is compelling. Research and training, which support adequately the growing need for elderly persons for efficient and effective services, must receive additional support, not less. Attention must be given to appropriate coordination of effort to insure efficient use of scarce resources.

Decreased support for training will diminish considerably our capacity to insure our elderly citizens access to the understanding and services they need and deserve.

Senator CHILES. Professor Cohen, welcome to our hearing.

STATEMENT OF ELIAS COHEN, ASSISTANT PROFESSOR OF SOCIAL ADMINISTRATION, DEPARTMENT OF COMMUNITY MEDICINE, UNIVERSITY OF PENNSYLVANIA MEDICAL SCHOOL AND CHAIRMAN OF THE SOCIAL RESEARCH, PLANNING, AND PRACTICE SECTION OF THE GERONTOLOGICAL SOCIETY

Professor COHEN. I would like to make just a few points.

First, there have been surveys of personnel and manpower shortages over the years.

Five years ago the Gerontological Society undertook a survey for NICHD, and in 1971, your committee did have before it a working paper which detailed considerably some of the particular shortages.

Now, I was not glad to note, but I did note, that there are shortages of personnel. Having been an administrator at the State level in the field of aging, for some 12 years prior to my going into the university setting, I can assure you that anytime we can find people who come out of the gerontology programs, we find that we get a better result.

This takes me to my second point: In the last couple of years, the Congress and the administration have set into motion programs that are going to generate tremendous demand for service on behalf of the elderly.

These programs include supplementary security income and the Older Americans Act amendments. The improvements in income which will go to older people are going to generate increased demand. Older Americans will become more mobile; they will have greater access to services outside of their homes. This is going to require, in my opinion, a greater set of resources for delivering services which older people will demand.

The third point I want to make goes to the question of applying a "free market" philosophy to educational programs.

The remarks concerning the inequities brought about because a few institutions or less than 100 percent of the institutions have grants for centers of gerontology or programs in gerontology, suggest a philosophy of equality for all. However, it does not recognize the need for support for curriculum development, course development, interschool

coordination, and other aspects that go to the provision of courses in aging. When you get right down to it, any program in aging at a university or institution of higher learning means courses. Courses have to be developed; and they have to be developed by somebody, and that development has to take place in something other than in spare time.

The allusion that Dr. Maddox made to medical schools and schools of nursing, is perhaps one of the best examples possible.

Very Few Special Programs

There are very, very few medical schools, schools of nursing, schools of allied health, which do have special programs of gerontology. And yet we know that 35 to 40 percent of the hospital beds are occupied by older people; and 98 percent of the long-term care beds in this country are being occupied by older people. To suggest that we are going to let the ordinary market mechanisms try to influence the long-term care needs for personnel does not recognize reality.

Fourth, I would like to suggest that the use of subsidies is time-honored in our country.

We use subsidies to induce a great deal of activity and behavior, and there is nothing wrong with the use of subsidies for special programs in gerontology to move our society in that direction.

My fifth and final point is that it is good business to make an investment in training personnel.

No industry worth its salt could go into a new enterprise without trying to be somewhat certain that there were training programs to provide necessary personnel. If necessary, they will go forward and subsidize them as industries have done through grants to universities, endowments, and so on.

The administration, I think, has made a contribution over the past few years by pressing as an advocate for management by objective. I think that is entirely appropriate. In that context, research, demonstration, and training in particular, ought to be viewed as an investment, designed to insure production of services that are accountable, cost efficient, of high quality, controllable, and responsive to need.

I think the training would do that. We would certainly recommend as your committee did, that there should be additional review made of manpower needs, some conclusions reached about the estimated needs over the next 15 years, and a clear, direct strategy proposed that will assure us of an adequate supply of personnel for the elderly for 1980, 1985, and 1990.

Thank you.

Senator Chiles. Thank you, Professor, your prepared statement will also be in the hearing record.

Prepared Statement of Elias S. Cohen

My name is Elias S. Cohen. I am appearing before you in my capacity as vice president of the Gerontological Society, chairman of their social research, planning, and practice section and former chairman of the public policy committee of the society. Currently I am assistant professor of social administration in the Department of Community Medicine, School of Medicine, University of Pennsylvania.

The Gerontological Society which I am representing here today is the national organization of researchers, educators, and professionals in the field of

aging. The members of our society comprise the expertise on aging in the United States. Most of the new knowledge and information in the field of aging is produced by those who belong to our society. Furthermore, most of the training and education in gerontology and aging is conducted by our membership.

The society has a long history in the development of education and training programs in gerontology and has undertaken for the Federal Government and indeed, for your honorable committee, a variety of surveys and studies on training needs.

Half a decade ago, the society prepared for the National Institute of Child Health and Human Development a survey of training needs and mechanisms in gerontology. More recently, in 1971 the society provided for your committee a working paper on research and training in gerontology, which summarized the needs, activities, current and future projections of manpower shortages, and offered recommendations for achieving appropriate levels of needed manpower. Since the preparation of that paper some 2 years ago, we have had a White House Conference on Aging which sought to assist the administration and the Congress in the development of a national policy on aging.

Again and again, the White House Conference on Aging sections recommended expansion of Federal support for training and research. The training section recommended that a portion of all service resources be earmarked for training. Three groups recommended creation of a national institute on aging to further support aging research and training. The training section called for the earmarking by the institute of funds for training. The income section recommended Federal assumption of responsibility for preparation of adequate supplies of health manpower. Sections dealing with substantive issues recommended that more material on aging be inserted into the curricula of pre- and post-professional training.

The recommendations of the White House Conference on Aging delegates brought together from all over the country, comprised not of self-seeking self-serving professionals but, by design, comprised of consumers, elderly people, and minority groups much more than of professionals, recognized clearly the importance and the need for a solid cadre of well-trained people to deliver the badly needed services designed to improve the quality of life for older people.

The Congress and the administration have set into motion a series of programs that will severely increase the needs for manpower in aging. These programs are identifiable and important. If they are to achieve their purposes, the services they contemplate must be delivered by trained competent staff who will be able to carry out the policies implicit and explicit in the authorizing legislation and programs developed under the legislation. The new approaches to service are sophisticated and properly enveloped in management systems designed to produce accountability to executive and legislative branches of government at local, State, and Federal levels.

Some of the program developments of importance include the following:

(1) Amendments to the Social Security Act providing for supplementary security income to adults.

(2) Changes in Social Security program operations to provide for counseling and referral services for Social Security beneficiaries.

(3) Amendments to the Social Security Act providing for delivery of social and related services to public assistance recipients.

(4) Amendments to the Older Americans Act providing for significant expansion of social and related services under title III of the new Older Americans Act.

(5) Under the revenue sharing proposals, there are potentials created for State and local service programs to meet the needs of elderly people. To be sure, it will be necessary for elderly constituents and those speaking in their behalf to compete vigorously for funds. One of the elements in the calculus, of necessity must be the availability of trained staff to carry out programs that are selected and to infuse ongoing organizations and social institutions with the knowledge and importance of dealing with the elderly through their normal operations.

(6) Significant improvements in Social Security benefit levels now and in the future will serve to generate demand for service by increasing the ability of older persons to secure and seek service. To the extent that improved income status moves a significant number of people out of the poverty level and into a middle-class level there will be an enhanced ability to secure transportation to service, to participate in the social enterprises of our society, and hence to avail themselves of health, social, and other services.

In addition to these new developments, the inexorable increase of elderly persons and more particularly the very old will continue to generate demand on the one hand for increased numbers but more particularly for better trained personnel. Higher levels of social efficiency can only be obtained by higher levels of performance and design of better systems. Better systems design and higher level performance are direct functions of well-trained personnel.

The need for a coordinated system of training derives from three principal considerations:

(1) An increased significant demand for services brought about as a result of enactments by the Congress, approved by the administration.

(2) Increased numbers of persons eligible for and requiring services designed to improve the quality of their lives. This includes that entire array of services designed to assist people achieve maximum levels of functioning outside of institutional settings as long as such arrangements are, indeed, the treatment of choice for them.

(3) Increasing sophistication and interdigitation of multivariate programs which require coordination among biologists, physicians, psychologists, sociologists, political scientists, public administrators, nurses, social workers, therapists, and others. Our experience with Medicare, with nursing home programs, and with old age assistance should have taught us by now that to achieve high social purpose for and with the elderly requires sophisticated, well thought out, well-planned, and well-operated programs.

The report prepared for your honorable committee by the society in 1971 detailed a variety of surveys outlining shortages of personnel. Without rehearsing that entire report, let me review some data that is now old and, if anything, represents an understatement of the problem:

(1) The 1969 report of the Secretary of HEW indicated that the need for trained workers in 1980 is expected to be at a level two to three times above that of 1968. There were in 1969 about a third of a million professional and technical workers employed in serving older persons exclusively or primarily. Only 10 to 20 percent of them had any formal training in aging.

(2) The demand for personnel in nursing homes and personal care homes was detailed in terms of need for administrators, RN's, LPN's, and occupational therapists, and physical therapists. Conservatively, we have only one-half of the necessary RN's, and less than one-half of the necessary LPN's. The need for physical and occupational therapists is so great that to suggest we have even 10 percent of the needed number is conservative.

(3) A study conducted by the National Association of Housing and Redevelopment officials cited in the working paper predicted a need for 32,000 to 43,000 management and social service personnel in retirement housing for the elderly by 1980. This is an increase of from six to eight times the number employed in 1968 but is regarded as realistic considering the expansion of programs for elderly housing in public and private sectors.

(4) HEW projections for professional social work staff available to serve persons in nursing homes, service programs, housing projects, senior citizens centers and elsewhere indicate a demand for 1980 at least twice that of 1968.

(5) The National Recreation and Park Association estimates that staff positions in programs for older persons will be at least 23 percent higher and possibly 250 percent higher in 1980 than in 1967.

One could go on and on reciting the needs for specialists in the social insurance programs, in new HMO's, certainly in medicine, and in research and teaching itself. Indeed, if we are to conquer the scourges of cancer, heart disease, mental impairment among the elderly, and the multiple problems brought on by poverty and poor housing, we must have an adequate supply of those skilled in the techniques of well focused research and a supply of teachers available to train the practitioners.

It is respectfully suggested that, as your working paper indicated, there is a great need for a national policy and a program of estimating personnel needs and training requirements in aging. It is respectfully suggested that the following principles might serve as a base for a national policy on training in aging:

(1) The way to develop improved services to the aged is by increasing the number of trained personnel relating directly to the population to be served.

(2) Recent developments by the Congress, anticipated results in the areas of medical science, and the need for coordinating various fields of knowledge requires an institutionalized approach to education and training for aging. The

corollary of this is that training for aging is too important to leave to operations of a free education market philosophy.

(3) The problems and facts of aging should be incorporated in formal ways into our secondary and undergraduate levels of education. This can be done, it is suggested, only by providing a cadre of educators trained in gerontology who can carry this kind of responsibility forward. It will not occur simply by virtue of the ineluctable increase in the elderly and consequent increase in their needs which theoretically will create a demand that a free market economy will respond to.

The administration response to the White House Conference on Aging recommendations of the delegates brought together from all over the country is in some disagreement with the above principles. The administration response suggests that institutions of higher learning will benefit more by reliance on a free-market approach to development of educational programs. Thus, aging will compete with all other programs, more or less glamorous for the attentions of students who will be provided with forms of assistance to purchase their education. This, of course, does not take into account the need for support to institutions for course development, organization of curricula for degree programs, interschool coordination, or administration of special training programs designed to create the pool of manpower necessary to carry out socially agreed upon and financed programs.

A second part of the administration response is that provision of central coordination for Federal Government programs of research in aging will assist institutions of higher learning by focusing upon agreed upon objectives and allocating resources in accordance with such a strategy. While that is true, it must be recognized that this will have an impact on training and education largely to the extent of giving research experience to people in appropriate programs where research might be involved. However, there are large numbers of and a great demand for practitioners of service programs. An improved focus on research will have little impact on increasing the resources of educational programs to produce the service presonnel.

Finally, the administration response suggests that encouraging the development of comprehensive and coordinated service programs for older persons at the community level will assist institutions of higher education. While it is true that universities and institutions of higher learning will be assisted to take greater part in planning and development of service programs and will thereby expose students and faculty to the process and involve them to a greater degree in what some people call the real world that is not going to provide the basic support necessary to produce the graduates who are going to do the work and who are needed in large numbers.

Those of us concerned with education and training and who come to that field from an experience in Government and administration recognize that resources to invest in programs we are interested in are limited and must compete. We must accept the fact that dollars invested in any program must produce the best payoff. The current administration has made a contribution in that regard by taking a hard line and pressing forward as a strong advocate for management by objective. In that context, research, demonstration, and training must be viewed as investments designed to assure the production of services that are accountable, cost efficient, of high quality, controllable, and responsive to need. We would respectfully suggest that the financing of Medicare and Medicaid programs, supplementary security income programs, Older Americans Act service programs, nutrition programs, housing programs, and others that impact on the elderly must be delivered by skilled, trained professionals and paraprofessionals if they are to achieve a degree of effectiveness that the Congress and the administration has a right to expect. Furthermore, if we are to evaluate what we are doing, if we are to make an impact on the major killers and disablers of the elderly, if we are to evaluate the effectiveness of programs for the aging, we respectfully suggest that there must be programs and individuals available to train and educate those who will carry out the research, who will undertake the evaluation, and who will deliver the service.

Finally, we would like to suggest that no industry worth its salt would embark on the major directions and enterprises that we have in the field of aging without projecting personnel needs over a period of time and attempting to take steps to assure that personnel would be available. Again, we recommend a

review be made of the previous manpower need assessments, conclusions reached about the estimated manpower needs for the next 15 years, and a clear, direct, purposive, measurable strategy be developed and funded to assure that the elderly of 1980, 1985, and 1990 will be adequately served.

[Enclosure]

WHY FEDERAL SUPPORT FOR TRAINING IN GERONTOLOGY SHOULD BE CONTINUED

BY THE EDUCATION COMMITTEE, GERONTOLOGY SOCIETY

The education committee of the Gerontological Society meeting at the offices of the society in Washington, D.C., on February 23, 1973, adopted the following statement:

At the outset we need to distinguish between a statement of principle regarding continued Federal support for training and the specific application of that principle. For example, the current administration is said to have announced: "No further support of training programs."

A specific application of this principle to *biomedical research training* appearing in a HEW document argues, for example, that this particular type of training should be discontinued for the following reasons:

(1) The justification for biomedical research training in the first instance was that a planned expansion of biomedical research in the two previous decades required expansion of trained manpower. Correspondingly, as the period of expansion of research activities has come to an end, the research training programs tied to this activity should come to an end.

(2) It follows that the law of supply and demand should regulate the number of persons with advanced training in biomedical research in the future.

(3) This is a reasonable assumption since income expectations for biomedical research investigators are such that special financial incentives are unnecessary.

Now look at the general principle again. It asserts that special support of training must be specifically justified and its application to biomedical research leads to the conclusion that further research training in biomedical disciplines is unwarranted.

If one analyzed the case for training in gerontology in the same way, would the conclusion be the same?

Decidedly not. No authoritative manpower study has demonstrated that the number of persons engaged in gerontological research, training, and service is adequate. On the contrary, experienced observers are unanimous in arguing that manpower in gerontological research, manpower for teaching gerontology at every level in higher education, and trained service personnel in programs serving the elderly are in very short supply. These observers expect this shortage to continue in the absence of systematic, vigorous intervention.

This is the unequivocal conclusion reported in the technical background papers for the 1971 White House Conference on Aging and in the final report and recommendatons of that conference. For example, on page 97, volume II, of the final report of the White House Conference, the major theme of the section on training is captured in this passage: "The delegates to the section on training were well aware that if the policies and programs being proposed by other conference sections were to be implemented, there would be need for the immediate recruitment and training of new personnel at all levels * * * and a significant increase in the number of institutions offering training."

This conclusion was reviewed by very knowledgeable and experienced people in Government, higher education, and service in the post-conference review of recommendations. Administration spokesmen have never publicly contested the need for additional manpower in gerontology or argued publicly that continued investment in gerontological training is unwarranted.

Gerontology has never experienced a period of substained, substantial, systematic Federal support such as that experienced by biomedical research and related training. On the contrary, the 1971 White House Conference documents demonstrate that support of gerontological research and training has been fragmented, shallow and underdeveloped. Thus, the conference recommendations unequivocally called for increased Federal support for a variety of training programs in gerontology. When the post-conference board requested a response from the administration to these recommendations, the recorded response in December 1972, indicates that the administration planned to increase its support for both research and training in gerontology substantially.

Members of the education committee of the Gerontological Society continue to assert categorically that research manpower in gerontology is inadequate; that the cadre of trained teachers at all levels of higher education is inadequately small; and that the number of trained service personnel to meet demonstrated needs of elderly citizens is inadequate.

Given the unchallenged testimony on training needs recorded in the recommendations of the 1971 White House Conference, we feel that the burden of proof lies on those who assert that continued special investment in gerontological training is not needed.

Consider further the case against training in biomedical research training as it might apply to gerontology. The law of supply and demand is expected to work in the first instance because biomedical research activities are an established and integral activity in a large number of educational and industrial organizations. Further, the prestige and economic incentives for careers in biomedical research are matters of common knowledge.

We assert that no informed person would argue that this characterization of biomedical research activity can be appropriately applied to gerontology.

When one considers that gerontology as an identifiable area of substantial research, training, and service activity is hardly two decades old, the strides forward have been considerable. But the tasks remain enormous and, in relation to the task, manpower is demonstrably inadequate. Gerontology has increasingly established itself in a small number of prestigeful institutions, but the effort required to achieve this goal has been substantial. The capacity of these beachheads to survive without continued external support remains to be demonstrated. Informed opinion would not lead one to be optimistic. Without external support, there is a substantial risk that the interdisciplinary research, training, and service teams so painstakingly assembled at a few locations in the United States will be seriously weakened if not dismantled. In the long run, States may assume, and may reasonably be expected to assume, an increasing share of the responsibility for research and training in gerontology. In the short run, a great deal of care needs to be given to the achievement of a new balance of Federal and State support of training in gerontology if serious disruption is to be avoided.

The fact is that the elderly in this society continue to face cultural biases which favor the young rather than the old. Institutional barriers which militate against the social integration of the elderly persist. These same attitudes and institutional barriers limit the attractiveness of gerontology as an interest which competes effectively with alternative careers in other areas of research, training and service.

The argument that the prestige and economic incentives which insure an adequate flow of manpower to gerontology as well as to biomedical research does not apply. Reports at the 1971 White House Conference make this quite clear. The burden of proof lies on the person who asserts otherwise.

The above argument does not necessarily lead one to reject the principle that, in general. Federal support for research training should be terminated. One would however, want to add that particular proposals for training in gerontology require specific justifications and should be considered on their merit.

Any person informed about the current state of affairs in social service agencies, nursing homes, and community mental health centers would be incredulous if informed that there is no need for short-term and inservice training of personnel who work with the elderly. As educators we believe that training in gerontology makes a difference. We believe that training in gerontology has had an impact on the quality and quantity of research on human aging. We believe that training in gerontology has made a difference in the quality and quantity of service available to the elderly. We are not aware that anyone has publicly advanced the argument that these beliefs are unwarranted. We are prepared to accept a specific challenge to our conclusions. Our considered opinion is that indiscriminate termination of Federal support for gerontological training will have a disastrous effect not only on gerontological research but also on the quality of service provided for the elderly in this country. If the small number of training programs and cadres are weakened or dismantled, we are convinced that a decade of reconstruction will be required to reestablish the potential for improved service to the elderly that has been achieved in the past decade. If this pessimistic conclusion is unwarranted, the proof that it is unwarranted should be presented convincingly. The consequences are too serious to allow assumptions to be submitted for evidence.

Senator CHILES. Dr. Donahue, we are delighted to have you with us today.

We continually hear of your pioneering work in this field, and your conferences that are held at the University of Michigan.

We are delighted to have you appear before us.

STATEMENT OF WILMA DONAHUE, PH. D., DIRECTOR OF SYMPOSIA, INTERNATIONAL CENTER FOR SOCIAL GERONTOLOGY, INC.

Dr. DONAHUE. Thank you very much, Senator Chiles.

I found the morning an emotionally stimulating one, in part because I believe that Dr. Flemming's vision of a coordinated effort on behalf of old people through some kind of interagency committee is a very good one. I am also convinced that he has the particular ability required to make such a plan operational and effective.

It seems to me then that not only should the plan proposed by Dr. Flemming be initiated at once but that the title V (now title IV, A and C) training program should be kept in place. The Administration on Aging has developed this program systematically to ensure that in every part of the country there will be a continuing supply of trained personnel in the high manpower need areas for the next several decades.

This program began with the education of graduate level students so that we were producing first the leaders, planners, and supervisors needed to develop and offer the training. The next step was to provide undergraduate training programs in aging where it is possible to prepare people for jobs that do not require more than a baccalaureate level training for entry into the job market. More recently, a grant was made to the American Association of Community and Junior Colleges with the view to stimulating the initiation of 2-year training programs in aging. In this systematic way, we have been carefully turning out the various levels of trained personnel as needed.

Over the years, there have gradually evolved the multipurpose training centers which Dr. Maddox and Mr. Cohen have described.

MULTIPURPOSE TRAINING CENTERS

Having had the opportunity to direct the institute of gerontology at the University of Michigan, I feel qualified to say that such centers are of tremendous importance. They make it possible to give leadership, guidance, and assistance in the kind of way that the administration is now proposing. Actually the very things they are proposing have already been going on, and are part of the programs that are now in operation in at least 10 places.

I would like to make, as a first recommendation, that the current student institutional grant program be kept in place, while encouraging the administration to develop its interagency coordinating committee. If the research and demonstration program funds of various agencies can be utilized to support more students, even though it will be in somewhat different fashion than now, this will be all to the good. We shall then have the best of both worlds.

It is very important that the enrollment of new students this fall not be prohibited. Such a procedure will result in its being a whole year before a new substitute program can be devised and put into operation.

The cutoff of student enrollment for a 12-month period will result in a serious hiatus in the training of much-needed personnel. I would like to see every possibility used to maintain at least the levels of student training we have now.

If nothing else, the training programs should be kept in operation until such time as there are new programs, and we can devise a new means of attracting students. There are other efforts which the administration should make regardless of which plan is followed.

In 1967, Senator Kennedy added an amendment to the Older American Act Amendments of that year which called for a nationwide survey of the manpower needs in the field of aging. On the basis of the results of that study, it was strongly recommended that the Administration on Aging establish a manpower data center for assembling, on a continuing basis, data on manpower needs and supply. This is still an important program and is in line with the plan for establishing a central point which will provide information about all governmental programs related to aging.

It is equally important for the Administration on Aging to set up a plan to provide job market information.

It seems to me, it should also maintain a continuous inventory of all gerontological training programs offered throughout the country, and that this information should be in such form that it is immediately accessible at any given time, and it should be published periodically.

There are other aspects of training to which the administration should give consideration. One matter I am especially concerned about is the substitution of short-term training for the fundamental planned curricula.

As a last desperate resort, because of the tremendous need for manpower, we are seeing a great many short term training programs put into operation.

Short Term Training Programs

It is very difficult for me to believe that in 5 to 10 days, such newly recruited persons can learn the rules and regulations of the new programs, that they can learn the skills that the programs require, and, at the same time, acquire enough depth of understanding of the process of growing old and what it means to people to be old to enable them to offer the quality of service required by those older people they will be called upon to serve.

These old people are likely to be among the loneliest, the most deprived socially and economically in our population. They should not have to depend for help upon persons who have not had the opportunity for more than 5 to 10 days of training to acquire the information, skills, and sensitivities they will require to do a good job. This seems to me a very serious matter. I believe, that while as an expediency we have to resort to short-term training programs, they should be tailored in such a way that they constitute a continuing educational program. Persons who must begin with a brief course should be required to return regularly for continuation of their training until such time as they have acquired a sufficient amount of background information and skill.

These are the things that I feel very strongly about.

Senator CHILES. Thank you very much, Dr. Donahue. I am going to have to take about a 10-minute recess. They have started another vote. However, your complete prepared statement will appear in the hearing record.

PREPARED STATEMENT OF DR. WILMA DONAHUE

Senator Chiles, I am Wilma Donahue, retired director of the University of Michigan Institute of Gerontology and have just completed a 3-year assignment as a staff member for the White House Conference on Aging. I speak, therefore, largely as an educator and as one who has a deep sense of responsibility to the thousands of persons who participated at the local, State, and national levels in formulating recommendations of the White House Conference on Aging, many of which have either direct or implicit implications for today's hearing on manpower needs.

It was just 6 years ago this month (June 1967) that I appeared before the Senate Special Committee on Aging to speak about the proposed amendments to the Older American Act of 1965, in particular as they related to manpower and training needs. By that time, the number of older people in the population had been increasing at such a strikingly rapid rate that there had been created a new dimension in American life with its attendant demands for new knowledge and new services. It was obvious that if the country was to grapple successfully with these new demands, a new field of study—gerontology—must emerge and that relatively large numbers of students must be attracted to it. The Older Americans Act of 1965 had provided the needed impetus and the initial means. The question posed at the hearings on the 1967 amendments was that of how the Congress and the administration on Aging, working together, could carry out the full intent of the legislation of training manpower at the rate necessary to provide the services that would be required by an ever growing number of older people.

The history of training in the interventing years illustrates the followup by a responsible Congress on its 1965 legislation and the effective response of the Administration on Aging manpower division to the opportunity the legislation provided. Fortunately, the Office of Aging, predecessor to the Administration on Aging, had long been concerned with the growing need for trained personnel in the emerging field of gerontology. The Administration on Aging was, therefore, prepared quickly to develop and implement a considered strategy for the administration of the training funds made available under the 1965 act.

The strategy called for two thrusts. One was the careful development and nurturing of the field of gerontology as a much needed new profession. The other was the establishment of training programs on the basis of a systematically planned sequence to ensure that a sufficient supply of trained teachers and leaders would become available as required to provide instruction and supervision as the field expanded. The first awards were, therefore, made available to institutions that were willing to establish programs at the graduate level. By 1966, two universities—Minnesota and Brandeis—were funded. The former prepared students for careers in public administration; the latter offered training in research, teaching, and top level administration in applied gerontology. By 1969, 15 graduate programs had been established. The professional areas in which training was being provided had also increased to include planning and administration, management of retirement housing and old age homes, direction of multipurpose senior centers, architectural design, law, recreation, and others.

During this same period, several institutions extended their curricular offering to include a number of disciplines and professions, initiated basic and applied research, and provided technical assistance and guidance to State and local communities and organizations. Thus they became a prototype for other multidisciplinary gerontological centers. As of now there is at least one such center in each of the 10 Federal regions, all of which have been assisted by the Administration on Aging.

When graduate training programs and multidisciplinary gerontology centers were in place, the Administration on Aging gave attention to stimulating educational programs which would prepare students for entry into occupations requiring less than graduate training. In 1971, eight undergraduate training programs were funded, more than half of which were in black colleges. There are many employment opportunities in aging which do not require training at the baccalaureate level. Accordingly the Administration on Aging made an award a year ago to the American Association of Community and Junior Colleges to stim-

ulate the introduction of 2-year programs for training paraprofessional and preprofessional personnel in aging. Thus training is being brought to the broad base of the local community where most old people are served and will continue to be in the future.

If this orderly development of the field of aging and of the involvement of more and more educational institutions at all levels in the provision of training were to continue according to the pattern followed by the Administration on Aging, the time would come when the number of persons trained annually and the number of needed would be in balance. The question is now whether, without the incentives of institutional grants and student stipends, the needed acceleration in growth of manpower training in aging and recruitment of students will take place, or if, indeed, there may not be an actual decrease in the momentum engendered to date. The 36 training programs now receiving support from the Older Americans Act are on an average less than 5 years old. They are, thus, especially vulnerable to erosion and elimination, and particularly so when in competition with other professional fields. Social work, public health, education, medicine and so on have the advantage of a long history, hence they have the prerogatives and strengths of high seniority.

We must, I believe, ask ourselves whether this is the time in the development of gerontological training to withdraw categorical support from educational institutions and students? They are, of course, some positive factors which will serve as motivators to both the educational institutions for continuing the programs now in operation. The most potent one is the fact that the new programs (title III—Community Service and title VII—Nutrition) are creating many new employment opportunities, the number of which will continue to increase indefinitely. It has been estimated, for example, that these two programs alone will require between 900 and 1,000 persons in 1973 and that by 1978 the number will have increased to more than 9,000. If educational institutions and prospective students are made aware of the magnitude of this expanding market, it can be predicted that there will be student demand for training and that educational institutions will attempt to respond.

Moreover, those institutions with already operational gerontological programs are likely to feel other needs for continuing them. They have long-term commitments to faculty that will not be easily terminated. And an even more effective pressure is their awareness that the modern educational institution has a responsibility for contributing to the solution of today's social problems, of which aging is generally recognized as one of the most pressing.

The withdrawal of categorical support is likely to retard the introduction of training by additional institutions. This will be a serious consequence because without more training opportunities becoming available, there is no chance that manpower estimated as needed by 1978 can be produced. At that time there will be required 2,700 workers in area and state planning, 3,000 nutrition program directors, 8,200 retirement housing managers, 88,000 licensed practical nurses to care for the ill aged, 73,000 registered nurses to staff nursing homes, 25,000 recreational leaders and specialists to work in senior centers and leisure time programs, and 2,100 teachers of gerontology in colleges and universities.

Already the "make do" measures of short-term training are being utilized in a desperate effort to supply manpower to implement the new initiatives set forth in the 1973 amendments. One must be concerned with the question of whether a period of 5 or 10 days training will prepare potential employees to give the quality service required for the success of these programs. This is especially a problem when there are, as now, far too few fully trained persons available to supply the careful supervision minimally trained persons generally require. Can even the best of trainees learn in a few days the rules and regulations governing the new programs, develop the service skills needed, and also acquire in depth knowledge about the aging process so that they may better understand the old people they serve, many of whom will be the loneliest and the most socially and economically deprived of our aged?

RECOMMENDATIONS

Mr. Chairman, on the basis of what I view as a manpower shortage of such proportions as to constitute a serious threat to the older generation of this and ensuing decades, I am offering the following five recommendations:

(1) First, I urge that this Special Committee on Aging seek to have the training programs provided for under title IV–A and C of the 1973 Older Americans

Act Amendments excepted from the new policy of elimination of categorical grants, at least until such time as educational institutions have sufficient time to seek new support from alternative sources.

(2) At the same time, I urge the Administration on Aging to take leadership, in cooperation with other appropriate agencies, in developing a master plan and strategy for the production of manpower sufficient to properly staff the various programs designed to improve the quality of life of older people.

(3) In order to provide training institutions, employers, and funding sources with up-to-date information on gerontological manpower needs in this country, the Administration on Aging should implement the major recommendations made on the basis of the manpower study conducted in 1968 by the Survey and Research Corp., to determine current and future manpower demands in the field of aging. This study, made in response to Senator Kennedy's 1967 amendment to the Older Americans Act, proposed the following as its first recommendation:

> That AoA establish a manpower data center for assembling on a continuing basis data on manpower supply, utilization and demand in the field of aging. The manpower data center should make use of all data resources available in the Federal agencies, and be empowered to conduct, directly or by contract, both census type and/or sample studies on the procurement of needed manpower data. Adequate funds and staff should be allocated for effective operation of the manpower data center.

(4) To supplement the job market information, the Administration on Aging should also maintain a continuous inventory of all gerontological training programs offered throughout the country and publish this information periodically for the guidance of educational institutions and potential trainees.

(5) Finally, in recognition of the fact that thorough training is a time-consuming process and that the old peoples' need for services is immediate, short-term training is an inescapable, though partial, solution to the problem of manpower shortage. But even short-term training can be administered as a continuing educational program until such time as the trainee has fully mastered the information and skills needed. It is, therefore, recommended that when short-term training is adopted it be reorganized as an emergency measure, and be so planned that the trainee will have opportunity to take refresher courses regularly which are planned as an integral part of his or her job placement.

AFTER RECESS

Senator CHILES. Dr. Maddox, I was also interested in the other facets of training, that being affected by the administration's phasing out the programs.

In your experience with the training programs of the National Institute of Child Health and Human Development (NICHD), could you estimate for me the value of their programs and their relationships with the Administration on Aging programs?

Dr. MADDOX. It is a very different kind of emphasis basically.

The NICHD program had been largely oriented to research. The Administration on Aging is much more oriented to services or applied programs.

The NICHD training programs are being phased out. At Duke University, we have had a training program for 7 years. We are now in our terminal year after producing 43 postdoctoral specialists in research, training, and service in aging. Virtually all of our trainees continue to work in the field of aging.

We have seen our trainees placed in the community health centers, which has been a very important community resource, as well as in training and research.

This NICHD program is in the process of being phased out at the present time, and it is from such programs that the basic cadre for research, training, and service is produced. This cadre is vital if, as

the administration testified today, short-term training in aging is to be emphasized this next year.

Providing Leadership

Senator Chiles. We have had all through the programs, people from the University of South Florida, where they offer a masters program, and like many of their personnel, they are going to be a director in another State, so that we really are providing top leadership, and I am sure your program is doing the same.

Dr. Maddox. What we are seeing is a phasing out of the programs at all levels.

In the short run, phasing out a program that is training people is bad enough from the standpoint of quality service.

When one starts closing down the producers, one has to ask how long it will take to reconstruct the current gerontology centers if they are allowed to deteriorate.

This is the point Dr. Donahue is making; if we let 1 or 2 years go by without insuring there is adequate production of producers in gerontology, I think we are going to be in very serious shape.

Senator Chiles. Dr. Donahue, I seem to gather from your testimony, you thought from Dr. Flemming, with his qualifications, that he has a wonderful opportunity now through the act to coordinate these programs, by the way of assuring their success, and to give him the edge, to continue the categorical programs on training.

Will this be a very necessary thing?

Dr. Donahue. It seems to me that if we could keep the current training program in force, that we would have the opportunity to continue to assist students, to program students in any other way in which they do not complete their professional training, or if they do complete it with a heavy debt, I believe that could change the situation, not only for the aging, but for a great many training programs, and that it may have rather far-reaching effects on the actual social structure of our young people's lives.

As you know, the majority of the students now, especially at the graduate level, and a great many undergraduates, are married, and our universities have invested large amounts of money in housing on their campuses for married couples.

It is very difficult to imagine that very many of our students are going to be able now to have a family, and get graduate training and proceed to be going into debt while doing it.

Working Students

I understand that the average stipend that the Administration on Aging grants have been providing is somewhere between $5,000 and $6,000 per year, that students can borrow at the rate of $2,500 a year, in addition to the amount they have had, and they have also had to work, so if they have been working, and getting a stipend of between $5,000 and $6,000, one wonders how are they going to be able to work enough and go to college and accumulate that, and have only $2,500 a year which is available to them.

It seems to me that this has great ramifications for the total structure of our universities by moving back into this sort of way which is said to free the students, which I might argue about some of it too.

Senator CHILES. In my experience, again, partial to the University of South Florida, I have had an opportunity to talk to a number of students, most of them are second career students, through our registered nurses, or some other training, and they are really on $200 a month, I do not think they are going to leave a first career, their first career, and I think part of their value is that they do have this base, this reservoir of talent, and now by being able to add this special training for aging on top of that, as they go back and into new work with rehabilitation, and now work in the area, then they have a real special expertise, and many of them again with a second career are capable of training others, so we stand to lose that.

The other thing that I was impressed by in your testimony, which I think all of your testimony brought out, is if this plan is going to work, if it will attract students, then why don't we let the plan prove itself, and why don't we have a phase in, phase out, while it is proving itself.

It looks like, again, what I run into continually, with some of the administration training changes, whether it be revenue sharing or what, they say we are going into this other, but there is always this 18 months, 1-year, 2-year slack, and it looks like we are doing something with mirrors.

They are not going to provide any dollars, and it is almost like we will be out of office before the day of reckoning comes, and yet we have got good verbiage, and we can go back and show what the AEC is spending, so we can come up with a lot of numbers, as to why this will work, and we can say we expect 100 percent retention. All of these things we can say, but we never have to account, and we never have to prove that we are right, and simply by discontinuing to fund this program for another year or so, they will be able to prove to the Congress they were right, and what they said will come about.

We want to thank you all for being here, and, Dr. Donahue, I am just delighted that someone as young and enthusiastic and energetic as you is working on the problems with all of us that are aging.

We will next hear from a panel from Howard University headed by Brin Hawkins, and accompanied by Ms. Lettie Graves and Ms. Yolanda Owens.

We are happy to have you with us today.

STATEMENT OF BRIN HAWKINS, PROFESSOR OF SOCIAL WORK, AND COORDINATOR OF AGING CURRICULUM AND PROGRAMS, HOWARD UNIVERSITY, ACCOMPANIED BY LETTIE GRAVES, GRADUATE STUDENT, DOING FIELD PLACEMENT WORK AT THE SENIOR NEIGHBORS AND COMPANIONS CLUB; AND YOLANDA OWENS, GRADUATE STUDENT DOING FIELD PLACEMENT WORK AT AMERICAN ASSOCIATION OF RETIRED PERSONS

Ms. HAWKINS. Thank you.

We are very pleased to be here today, too, representing Howard University, because I think at Howard, the school of social work, we have already begun to feel the crunch of this whole phaseout plan,

particularly in the area of aging, because we have an aging program from the National Institutes of Mental Health, and that should have ended in June of 1973, but we were able to get an extension to December of 1973, which of course, means we will not have aging moneys to provide stipends, or grants for the low-income students for our fall semester.

I was very concerned to hear the administration's testimony about the aging stipends and designated as bait, because I feel that bait in the field of aging is a very legitimate kind of thing, because although we have moved very far and come a long way in the field of aging, I still think we have to go a little bit further, and I feel the field itself is not as attractive as many other fields, and I think the stipends, and the awarding of a scholarship makes it possible for young people particularly young black people for whom the field of aging is very, very new, to find a commitment, or to find career objectives to which they otherwise would not have been exposed, and I think it is very important that that kind of bait be provided to set the opportunity to do this, and today we have two students with us, who will very generally speak about their interests in aging, and the kinds of supports they have received from the limited financial assistance that was available, and how important it was.

Senator CHILES. Thank you. We would like to hear from them.

Ms. GRAVES. Thank you.

My name is Lettie Graves, and I am a second year graduate student in the school of social work at Howard, and my area of concentration is aging.

PERSONAL EXPERIENCES WITH ELDERLY

I feel that if it had not been for financial assistance available, moneys available in aging, I would not have been able to pursue my interests, although I had an interest when I entered Howard, to go into aging, it stemmed from personal experiences as well as volunteer experiences that I have had with the elderly, and when I applied to the school, and I was fortunate enough to be awarded a grant that carried with it a stipend as well as tuition, I was able to pursue that entrance, and it also had a stipulation that the recipient, the learning experience will be in aging.

Now, with my graduating class, the moneys will be terminated, and I feel that students who will be coming into Howard, the school of social work in the fall, will not have the opportunity that I have had, and I feel that it is very unfortunate that they will not, and upon graduation, I do plan to pursue aging as my career.

Ms. HAWKINS. I think it would be unfortunate for the students to lose this stipend.

Ms. Graves has had such a stipend; she is in practicum placement at the Senior Neighbors and Companions Club, and she will tell you now about her experience.

Ms. GRAVES. I am a caseworker with the Senior Neighbors and Companions Club. My duties, well, I became involved in a very broad range of problems and concerns of the elderly participants.

I counsel them about their relationships, I inform them about services and resources which they need, but do not know how to locate or apply for, and I can make referrals for specific needs, such as old age assistance, or food stamps or public housing.

More recently we began to organize group discussions around specific topics, such as health and consumer education, and we feel that this information will have the senior citizens providing more help in maintaining themselves, and an independent but satisfying and productive living situation for as long as possible will be seen from our efforts.

Senator CHILES. Is this self-satisfying work?

Ms. GRAVES. It is very self-satisfying work, and it is a lot of fun, too. They are beautiful people to work with, and I enjoy it very much.

Ms. HAWKINS. I think I might add that Lettie has had three proposals already since she has been in the program.

Now we will hear from Miss Yolanda Owens.

Ms. OWENS. I am Yolanda Owens, also a second year student at Howard University School of Social Work.

I think my interest in aging goes back to my sophomore year in college, when I went on an exchange from my college in Atlanta to the College of St. Teresa in Minnesota.

DEPRESSING EXPERIENCE

There in conjunction with a class, I visited a nearby nursing home. We were only supposed to go there once, but I met several people I liked, and they seemed to like me, so subsequently during the year I had gone back, and read their letters to them that they got from family and friends, and I helped them to answer these letters, and we would just sit and talk, and it was really depressing to me to find out how they saw themselves.

They were placed in a position of being totally dependent when a lot of them still had their mental faculties intact, and they could be productive in some kind of way, and at that time, I realized that this being a youth-oriented society, we have done this to the elderly people, so with this, I decided that this would possibly be a career for me, so I had to decide on one, so I went to Brandeis University last year, and I was under a training grant from AoA there.

While there, I attended the White House Conference on Aging, and I was also involved in the council of elders in Roxbury, Mass, as a worker there in homemaker services division.

There I did some of the same kinds of things that Lettie does now, but when I came to the White House Conference, I realized that there are not many black people in the field of aging, and that is very important to get people who are interested in policy issues and planning for programs for the elderly, so when I transferred to Howard, I expressed this interest, but I found that there was no money available.

They offered me child welfare grant, and I was about to accept it, when I told them of my interest, and it was negotiated with the American Association of Retired Persons for me to be an intern there.

My tuition comes from the school, but I get a stipend from the association for maintenance.

ACTIVE IN PROGRAM

Some of the things I have done at the association are related to their activities. I have attended a legislative council meeting, evaluated a cassette program which they are thinking of using as training,

as a training tool for voluntary officers, and I have also attended chapter meetings to see firsthand how elderly people are capable of organizing programs that they themselves have seen a need for.

Upon graduation, I do definitely plan to seek employment in the field of aging.

That is what I have to say.

Senator CHILES. Thank you.

Ms. HAWKINS. I would like to emphasize the fact she was offered a stipend in child welfare, and although she had established an interest in the field of aging, she could have lost interest.

I think it is very important to understand a number of young people who begin the field of education, have not placed themselves in any specialty, and I think to provide support, or some resources to influence them or help them understand the kind of satisfactions and rewards they can find in the field of aging is a very good thing and a very necessary thing to do, because I think we would have lost her, had we not been able to find the money through AARP, and I am sure the same thing would have happened with Lettie, and I am really concerned that this will be a major issue for us in the fall, because we will not have any aging moneys to provide students of any kind of support, or any kind of stipend, and this will, of course, make a difference in terms of how many students we can involve in the aging programs.

Senator CHILES. Well, we certainly appreciate your testimony, and we well understand the concern that you have.

It seems to be shared by all of the universities, and from the questionnaires we sent out, all of the colleges.

We are also very happy to have another Howard student, David Young, who is interning with the Committee on Aging, who is participating in this hearing, and we are delighted to have him with us.

PREPARED STATEMENT OF LETTIE GRAVES

My name is Lettie Graves. I am a second year graduate student in the school of social work at Howard University, where I am concentrating in aging.

I am very happy to have this opportunity to give some input to this committee about the importance of making moneys available in the field of aging. I am sure that most of us are well aware of the fact that young and old alike are not enamoured by a career in gerontology. It takes a special kind of sensitivity and a special kind of commitment to work with old people. They are often demanding, cantankerous, and slow. But even when they are sweet and personable, and very appreciative of your company, many people are still "turned off" by the simple infirmities of growing old—wrinkles, toothlessness, and the decline of the senses. We are a society dominated by youth and as such we fear and despise constant reminders that age and death are inevitable for us all. It is within this context that we must view the manpower needs in the field of aging and the overwhelming necessity to motivate, encourage, and support young people who are potentially capable of closing the serious gap between man power needs and present resources.

I feel very fortunate that I was supported in my interest in the field of aging. I came to the school of social work at Howard University with a very firm commitment to working with the elderly because of personal experiences with my own family and some volunteer experiences. When I indicated my area of interest to the admissions committee as well as my very dire financial situation, they awarded me a tuition scholarship and monthly maintenance stipend, which was provided through an aging grant from NIMH. The grant stipulates that the recipient should be provided a learning experience with a concentration in aging.

I think it is very sad and most unfortunate that this grant will be terminated with my graduating class in December 1973. Incoming students for the fall term will not be provided an opportunity for financial support in the field of aging.

Furthermore, I think it is naive to assume that students with uncommitted career objectives or newly developing interests in aging will not be swayed into other more popular fields where training moneys are available. This is particularly true for black and other minority students who in most cases cannot pursue graduate education without assistance. I am sure we have lost some excellent manpower resources because funds were not available to recruit or support training. We will continue to lose these resources if funds are not made available to university programs to support training in aging.

I have personally felt a great deal of satisfaction working with old people in my field placement. I feel that others would also be motivated toward a career in aging, if they were just provided an opportunity for exposure to the field at a professional level.

I have been assigned to the Senior Neighbors and Companions Club—a Washington Urban League program which serves the senior residents in the model cities areas. SNAC is designated as a nutrition program which provides a hot noon meal to seniors who otherwise would probably not eat as well. But SNAC is much more than a nutrition program, it is a social welfare program as well. In my role as a social work intern, I have identified and become involved in a very broad range of problems and concerns of the elderly participants.

I serve in the capacity of a caseworker—locating and encouraging seniors to participate, who would otherwise sit home alone and make a meal of crackers and tea. I counsel them about family problems and relationships. I inform them about services and resources, which they may need but do not know how to locate or apply for and I make referrals to meet their special needs like old age assistance, food stamps, public housing, etc.

More recently, I have begun to organize group discussions around specific topics such as health care and consumer education and such information that will help the seniors maintain themselves in as independent but satisfying and productive living situation for as long as possible.

In conclusion, I can very sincerely state that my experience working with the elderly has been very rewarding and even fun. When I graduate from the school of social work, I will very definitely seek employment in the field of aging.

It was my fortune that training funds were available to support my interest in aging. I consider it a very sad *misfortune* that training funds will *not* be available to interest new students in the field or support those students who already have an interest in aging when they apply to the school.

Thank you for your attention.

PREPARED STATEMENT OF YOLANDE OWENS

My name is Yolande Owens. I am a second year graduate student in the school of social work at Howard University, where I am concentrating in aging.

My interest in the field of gerontology began during my sophomore year in college, when I was exposed to an introductory course in social work. In conjunction with this course, I visited several elderly persons in a nearby nursing home.

During the course of the year through reading and writing letters to their families or friends still living and just simply listening to them reminisce about when they were young and productive, my interest in aging developed. After this experience and through subsequent observations in my own community, I decided to further pursue my newfound interest. I began to realize that we as a society tend to strip the aged person of his dignity as an individual and relegate him to a position of unwanted dependency.

My interest was stabilized through my year as a student in the Heller School for Social Welfare, Brandeis University, where I was the recipient of a gerontology training grant from the Administration. on Aging.

Upon transfering to Howard University School of Social Work, because no AoA training grants were available, I would have accepted a child welfare training grant, had not my professor in the field of aging negotiated my participation in the internship program of the American Association of Retired Persons, which has enabled me to continue to pursue my interest in aging.

As an intern in AARP activities, I have had many varied experiences all relating to the planning and administration of programs and services for the aged of a national nonprofit organization. While at AARP, I have had the opportunity to be exposed to working with policies and programs that are designed to make the lives of aged citizens more meaningful and productive.

More specifically I have:

(1) Attended the NRTA-AARP legislative council meeting where legislative objectives designed to aid the aged were set forth.

(2) Evaluated the sound maturity cassette program as a training tool to aid the aged in not only identifying areas of concern, but also developing programs and services to meet these needs.

(3) Attended chapter meetings to learn first hand of the commitment and service of the aged to serve and not be served.

All of this meaningful and practical training would not have been possible without funds provided by AARP. I have serious doubts as to whether I would have maintained my interest in aging had not this internship program been available.

I have a definite commitment, upon the completion of my studies at the school of social work, to continue to be involved in making life for our aged population meaningful and satisfying—of helping them to be more effectively integrated into the total society.

Senator CHILES. It looks like we have just started another vote, and I think maybe this is final passage of a bill, so maybe when we get back from this one, we will be able to complete our hearing. Mr. John B. Martin is going to be our next and final witness, so I suppose it would be best to just wait until we get back until I make this vote.

AFTER RECESS

Senator CHILES. Our next witness is the Honorable John B. Martin, consultant, American Association of Retired Persons; former Commissioner of Administration on Aging.

Mr. Martin, welcome to the committee hearing.

STATEMENT OF HON. JOHN B. MARTIN, CONSULTANT, AMERICAN ASSOCIATION OF RETIRED PERSONS, FORMER COMMISSIONER OF ADMINISTRATION ON AGING

Mr. MARTIN. Senator, I am John Martin, former U.S. Commissioner on Aging, and I am now consultant with the National Association of Retired Persons.

I am glad today to be here to discuss the subject of training, because I think inadequate training programs in this field are something we do not wish to have. It is absolutely essential to have adequate training programs if we are going to meet the future need for trained personnel.

You see this need right now, immediately over the horizon, as these programs expand. I think it is significant that the growth in population has been almost explosive, bringing us from 21 million to 25 million older people in 1985, and the fact that the oldest part of our population is perhaps the fastest growing part of the population is a very significant thing.

In fact, we estimate 13,000 people are over 100 years old in this country today. We conducted a study in the Administration on Aging shortly before I became Commissioner, and that study was made at the request of Congress which disclosed that thousands of people would need to be trained for responsible positions in planning and administering programs under the Older Americans Act, in retirement housing, to provide direction for the mushrooming multipurpose senior centers and to develop specialized competencies in adult education, architecture, law, library service, medicine, nursing, occupational and physical therapy, and social work, and for teaching and research.

SLOW DEVELOPMENT

Formal training in gerontology was in its infancy at that time. It has been only a few years since the first courses were introduced.

The development has been slow; today fewer than 75 institutions of higher education are turning out perhaps 300 to 400 graduates a year prepared for work in aging.

Most of these institutions and most of the students trained have been drawn into the field in response to Federal financial assistance provided through the Administration on Aging and the Public Health Service.

I think we have an unusual situation here, in that many people, many young people today do not think about the elderly and the aging as an area in which they would have any particular interest in investing time and planning it as a career.

I think it is perhaps natural, because they have no contact in our culture with older people, so that it seems to me entirely in order to offer some inducement to them through having a program which is visible, has some visibility in these institutions, and which encourages them to take a look at gerontology, and gerontological activities as a possible career.

I have thought about it a good deal, and I think that we will tend to retard the momentum that we have picked up in this training area if we now withdraw this support.

I listened with great interest to the testimony from Dr. Flemming, and I have great confidence in his ability to do what he says he can do, and I think it is entirely possible in the program that he outlined, he may be able to stimulate more in the way of interest of young people in serving the elderly, but I think that there perhaps ought to be a phase in procedure before a phase out, and that makes good sense.

In other words, that we ought not to drop the present training program, which is a good one, and which has produced results, and which has interested numerous institutions throughout the country in doing effective work in this field of gerontology.

SMALL INVESTMENT FOR RETURNS

We ought not to phase them out before we are satisfied that our new procedures are going to produce the results that we want them to. It seems to me that the sums being spent on training—from 1969 to 1973, they range from $3 million to $8 million—that represents a very small investment in a program that has done a good job. I think the sums are modest, but they have provided for continuing interest and participation by both institutions and students in this field, and they ought to be continued at least until we are satisfied that the other approach is going to keep bringing new people into this field, and going to meet the accumulated needs.

Senator CHILES. Mr. Martin, when this administrative policy to phase out training programs under the Social and Rehabilitation Service (SRS) was being drawn up, were you, as the Commissioner of the Administration on Aging under SRS, ever consulted as to the phase out's implications and effect on the area of aging?

Mr. MARTIN. I think the decision was made on a much broader basis than simply the aging picture.

I was not consulted, but the determination apparently had to do with the general position with regard to categorical programs.

Senator CHILES. I think that is true, and I think it was made on that basis, but it does not appear that much study went into how this would affect aging, how it would be brought into the program.

Mr. MARTIN. I cannot say how much went into it. I just simply do not know the answer to that question.

Senator CHILES. Thank you.

Your statement will be made a part of the record in full, Mr. Martin.

Mr. MARTIN. Thank you.

[The prepared statement of Mr. Martin follows:]

PREPARED STATEMENT OF JOHN B. MARTIN

Mr. Chairman, I am John B. Martin, former U.S. Commissioner on Aging and now consultant to the National Retired Teachers Association and the American Association of Retired Persons. The associations are affiliated, nonprofit organizations having a combined membership of over 5 million older Americans. I am accompanied today by Peter Hughes and by Janet Wegner, members of our staff.

I am glad today to be able to discuss with this committee the subject of training in the field of gerontology because I consider an adequate training program to be absolutely essential if we are to meet the rapidly growing need for trained personnel in what is essentially a developing field—that of service to the elderly. The older population 65 and over has grown from 3 million in 1900 or 4 percent of the population to 21 million or 10 percent of the population today. The number will steadily increase to more than 25 million by 1985. The fastest growing part of our population is the oldest. It has been estimated that more than 13,000 today are over 100 years of age.

A study of the "need for personnel and training in the field of aging," completed for the Administration on Aging just before I became Commissioner on Aging in 1969, revealed that thousands of people would need to be trained for responsible positions in aging during the present decade. Desperately needed were personnel to plan and administer programs being established under the Older Americans Act, to manage retirement housing for older people and institutions for the aged, to provide direction for the mushrooming multipurpose senior centers and to develop specialized competencies in adult education, architecture, law, library service, medicine, nursing, occupational and physical therapy, and social work and for teaching and research.

Formal training in gerontology was in its infancy at that time. It has been only a few years since the first courses were introduced. The development has been slow; today fewer than 75 institutions of higher education are turning out perhaps 300–400 graduates a year prepared for work in aging. Most of these institutions and most of the students trained have been drawn into the field in response to Federal financial assistance provided through the Administration on Aging and the Public Health Service.

In our judgment it is too soon for the Federal Government to withdraw its support from either the institutions or the students. Gerontology is still a very new field. Few educational administrators are yet ready to invest significant amounts of their resources in gerontological training as they do for established fields such as business and public administration, pharmacy, dentistry, engineering and research in the physical and social sciences.

Most young people at the point of making career decisions have probably never heard the word "gerontology." Most of those who are enrolled in the present training programs were drawn to them by the visibility given to the field by the federally supported training programs and by the traineeships offered to them. Until the field is much better established than it is now, we cannot believe that many institutions or many students will move into it without clearly visible incentives. In our judgment, the new policy of the Government is premature; it will almost certainly retard the small momentum that has been developing in gerontological education.

Later maturity and old age are unique phases of the life cycle just as are the periods of infancy, childhood and adolescence. It is well recognized that those who undertake to create conditions favorable to the growth of children and

young people must possess intimate knowledge of the biological, psychological, and social processes of growth and development, of the needs and problems characteristic of the early stages of life and of effective methods of meeting them.

Similarly, the biological, psychological, and social processes of growing old differ markedly from those of maturation. Some of the problems and needs of older people are the same as those in early adulthood and middle age, but they are likely to vary in intensity and may have to be met in new ways. Likewise, later maturity and old age bring some problems that are rarely, if ever, experienced in earlier stages of life.

Thus, completion of parental responsibilities and retirement from work alter the individual's position in the family and community. The older adult is forced to seek new ways of commanding the respect and recognition if he or she is to maintain a recognized place in society. New sources of companionship must be found when children leave the nest, when work associates are no longer at hand when spouse, relatives and friends precede in death. Gradual reduction of energy and the cumulation of chronic illness, constitute threats to wellbeing, force the individual to alter his pattern of activity and demand increased attention to maintenance of health. Most aging persons are plagued by reduced income and threatened by its declining purchasing power. To all of these and more is added the necessity to recognize the ebb of life and the inevitability of termination.

Thus, as with respect to the young, those who essay to provide environments compatible with those who are aging and aged must have specialized knowledge and skills if they are to meet the challenges presented by those with whom they are concerned. It is essential that they be fully aware of the impact aging and the threats and losses associated with it have on the personalities and mental health of their subjects.

Another manifestation of the need for trained manpower derives from the increasing number and variety of specialized facilities, programs, and services being created for older people. Among these are retirement housing and communities, homes for older people and long-term medical facilities, multipurpose senior centers, information and referral services, adult education, recreation, transportation, and legal services created especially for the elderly. We are increasingly aware that these must be designed and operated from detailed knowledge of the physical, psychological and social needs and sensitivities of the people they are intended to serve.

Experience has revealed, repeatedly, that special attention must be given the attitudes of those who work with older persons. Professionals, semiprofessionals and lay volunteers, alike must learn that older people are still people jealous of their independence and dignity. All who serve the older population must be taught that it is essential to understand the older person and to respect and to strive for the preservation of the integrity of his personality.

We know all too well that there are widespread tendencies to write off older people, to patronize them in disregard of their wishes and to favor the young in the allocation of hospital, rehabilitation and social services. Only last Sunday, the Washington Post reported on the terrifying neglect of the aged in so-called family care homes in this city—aged for whose care the city is paying thousands of dollars annually.

The experience of the Administration on Aging and of the Public Health Service has demonstrated that suitably designed training programs can change attitudes as well as impart the knowledge and teach the skills required for effective and dignified performance in the treatment of the older population.

The sums being spent for training in the years from 1969 to 1973 have ranged from $3 million to $8 million. In relation to the size of the problem these sums are modest. Yet they give assurance of continuing interest and participation by both institutions and students in a field which can have enormous impact on our elderly and can make the difference between expert and sensitive handling on the one hand and insensitive dealings with our elderly on the other. I would urge that a sound training program in the field of gerontology not be abandoned at the very time it is beginning to produce the needed product—a trained and knowledgeable corps of workers in the field of gerontology.

Senator CHILES. We will now recess our hearing, and we will keep the record open for approximately another week for any statements that may come in to be inserted and made a part of the record.

We thank you all for attending and contributing to this hearing.

[Whereupon, the hearing was adjourned at 1:20 p.m.]

APPENDIXES

Appendix 1

ADDITIONAL MATERIAL FROM THE DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

ITEM 1. QUESTIONS AND REPLIES SUBMITTED SUBSEQUENT TO THE HEARING; FROM SENATOR CHILES TO MR. KURZMAN*

1. In your testimony you said the President's budget provides full funding for the basic opportunity grants, and I am happy to see that the administration has responded to the wishes of Congress on this count. However, it is clear that there will be other claims on these funds. I would like a HEW estimate on how the funds will be divided and how much of a share aging is likely to get.

The allocation of funds under the basic opportunity grants is not made by category, but rather the money is available to all students regardless of their field of endeavor. The only stipulation of eligibility for these funds is need for assistance.

2. Would you please compare for the committee the funds now available through AoA stipends with the levels of support likely to become available through the basic opportunity grants and possible supplementary sources of support. I would like this on an individual student basis.

Under the AoA training grant program, degree-oriented students, whether at the baccalaureate, masters, or doctoral level, receive full tuition and fee coverage.

For a full year of study, graduate students are further entitled to stipend support which ranges from $2,400 to $4,700, depending upon the student's experience, previous educational degrees, and year of AoA supported study. Stipend support for undergraduate students ranges up to $2,400 annually under the AoA program.

In addition to allowances for tuition, academic fees, and stipends, graduate students are eligible for dependency allowances of $600 annually for each dependent. Graduate students are also allowed funds for travel to and from field work assignments and professional meetings.

For such expenses as identified above, graduate students pursuing a degree under an AoA grant have averaged $6,500 to $7,000 a year in direct Federal support. Undergraduate students who generally received only partial support of their academic costs, have averaged $2,000 to $2,500 in annual support under AoA grants.[1]

Under the broader programs of student support within the Office of Education, undergraduate students are entitled to basic educational opportunity grants of up to $1,400 a year, depending upon student financial need and level of Federal funding for the grant program. Undergraduate and graduate students are also encouraged to pursue loans under the guaranteed student loan and the national direct student loan programs.

Under the guaranteed student loan program, undergraduate and graduate students may borrow from private lenders up to $2,500 per year, with such loans either guaranteed by State or private nonprofit agencies or insured by the Fed-

*See statement, p. 112.

[1] Not included in these estimates of average student costs is consideration of the indirect financial benefits derived by students through AoA support of certain institutional and instructional costs incurred in the conduct of the training programs.

eral Government. Total loans outstanding may not exceed $7,500 for undergraduate or vocational students. For those seeking such loans for graduate study, this maximum may be extended to $10,000.

The national direct student loan program is an institution based, low-interest loan program which was first authorized by the National Defense Education Act of 1958. Under its provisions, academic institutions may loan graduate and undergraduate students up ot $2,500 annually, to a maximum of $5,000 for undergraduates, and a $10,000 overall limit.

In addition to other public and private scholarships and loans, and personal and family contributions, it might be expected that students would supplement their Federal support with earnings under the college work study program. As currently administered, this program assists the student by providing a part-time job opportunity, at wages at least equal to the current minimum wage, at the college itself or with a public or private nonprofit agency.

3. In your statement you describe amounts available for research on aging from several Federal agencies during fiscal year 1974. I would like to know how you arrived at those figures, and I would like details on what kind of research is to be supported.

These figures were determined by the respective Federal departments and agencies in early 1973, in response to a Presidential directive for all agencies whose programs have a major impact on the lives of older persons to provide the Domestic Council Committee on Aging with the amounts they expected to spend during fiscal year 1973 on their respective programs. It was in compliance with this Presidential directive that the amounts of money available for programs to serve older persons were identified.

The amounts identified should be read in the light of the following considerations: (1) They are based on the best measure of involvement in the field of aging for each individual program. These measures include: budget authority, obligations, outlays, contract commitments, etc. (2) In some cases, they represent an estimated amount of benefit for the aged where the benefit is only a portion of the program or activity. (3) They include benefits provided to the elderly regardless of the reason for providing the benefits. Thus, they are based on a broader definition than other tabulations which are limited to those benefits provided primarily because of age of the beneficiaries. (4) They are subject to adjustments resulting from final congressional action on the President's fiscal year 1973 budget request.

The details on the kind of research currently being supported with Federal moneys are included in the attached testimony taken from the document, "A Report on the Administration's Response to the Recommendations of the Delegates to the 1971 White House Conference on Aging."[1]

4. Also in your statement, you refer several times to "budgets." I would like additional details on how these budgets are arrived at and what their functions are.

In this context, the budgets referred to are those of colleges or universities for research programs in aging. The hope is that such program budgets will provide for faculty compensation and undergraduate and graduate student financial support, in addition to the basic research activities.

Clearly, each college or university that applies for Federal support for research on aging can make its own choice about whether to include support for faculty and students in its grant application. However, we do plan to encourage that such provisions be made.

5a. You also say that 2,500 nutrition project directors are receiving short-term training. I would like additional details, as this figure seems rather high to me.

Plans for implementation of the nutrition program call for establishing 2,468 projects and meal sites during fiscal year 1974. Oregon State University has developed and tested materials for 10-day training for the personnel that will set up and direct these projects. Grants have been made to five educational facilities to train the 2,468 persons who will be required for project management and site direction. The materials have been tested by giving the training to nearly 100 individuals. Training in the five designated institutions will begin during August and September and will continue throughout fiscal year 1974.

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[1] See app. 1, item 8, p. 151.

5b. I would also like to reiterate my request for you to provide the committee with a copy of the April memorandum directing regional offices in the phase out activities for training.

Copies of the memoranda have been submitted for the record.[3]

5c. The multidisciplinary centers of gerontology as described under title IV, part C of the Older Americans Comprehensive Services Amendments are of particular interest to me. I should like to be kept informed of the administration's action with regards to these centers and as the amendments are now law, would like to know whether the administration would support funding for their implementation.

The educational institutions that have established centers or institutes of gerontology and that have some or major support from the Administration on Aging are identified later on. The roles they are playing in providing career training, research, and technical assistance are discussed.

It is our expectation that all or most of these centers will take advantage of the initiatives for conducting research with the aid of grants from a number of Federal departments and agencies. In addition, we expect that they will become more intensively involved than they are now in working with States and communities in developing systems for provision of comprehensive services to older people. Nine of them have been given GY 1973 awards for conducting short-term training during fiscal year 1974.

All of these activities should help the centers maintain and expand the training programs they now have. We are also encouraging the State agencies in aging to make use of the centers for career and short-term training.

Over the long run, we do expect to give increasing support to the present centers and to others that will probably be established. The nature of support, in addition to that described here and elsewhere in our testimony, is under consideration, We shall keep the committee informed as our plans develop.

ITEM 2. QUESTIONS AND REPLIES SUBMITTED SUBSEQUENT TO THE HEARING; FROM SENATOR GURNEY TO MR. KURZMAN*

(a) Is it not a fact that moneys are available, other than authorized and ultimately appropriated amounts for titles I–IX of the Older Americans Act of 1965 as amended and the Older Americans Act Amendments of 1973?

Strictly, the only funds available to the Administration on Aging for its activities conducted under titles I–IX of the Older Americans Act as amended, including the amendments of 1973, have been and are those appropriated by the Congress. Under title IV (now title IV, part B) of the act, in fiscal year 1973 AoA has supported some research and demonstration projects jointly with other departments and agencies. The support provided by these departments and agencies may be said to have increased the moneys "available" to the Administration on Aging. Conversely, the Administration on Aging has transferred sums ($250,000) to other agencies when such agencies were designated as the "lead agencies" in supporting research and development projects in aging.

In addition, under the HEW consolidated research and development funding program which pooled the research and development funds of its constituent agencies AoA provided partial support for 13 services integration projects in the amount of $509,876.

(b) From what sources are moneys made available to AoA and what are the amounts of said money to the Administration on Aging and where and what and to whom as far as educational institutions and organizations are concerned did these moneys go for fiscal 1973 and from said such funds have commitments been made to educational organizations and institutions for fiscal 1974, this to include evaluation and technical assistance, etc., of such moneys mentioned in part (a) of this question.

The funds available to AoA in fiscal year 1973, above its own appropriation, derived from the sources mentioned above were: Health Services and Mental Health Administration, PHS, $24,000.

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[3] See app. 1, item 4, 156.
*See statement, p. 117.

None of the funds from HSMHA went to educational institutions and organizations.

Please supply the names and amounts of money for research and development grants; competitive contract awards; or awards of any other money on non-competitive basis for any and all purposes to educational institutions or educational organizations having to do directly or indirectly with AoA of which you have knowledge, for fiscal year 1973, for fiscal year 1974, and where any commitment to any degree has been made.

The AoA awards made to educational institutions and organizations for research and development were as follows.

FISCAL YEAR 1973

Institution or organization:	*Amount of award*
1. University of Alabama, Birmingham	$48,317
2. Miami University, Oxford, Ohio	25,827
3. Wright Institute, Berkeley, Calif	59,191
4. Massachusetts Institute of Technology	165,209
5. University of Missouri, Columbia (2 grants)	39,715
	54,000
	93,715
6. University of Virginia, Charlottesville	77,363
7. Rutgers University, New Brunswick, N.J	147,884
8. University of Southern California, Los Angles	262,449
Total	879,955

FISCAL YEAR 1974

Institution or organization:	*Amount of award*
No awards have been made from fiscal year 1974 funds	
Most of the projects supported in fiscal year 1973 will be conducted during fiscal year 1974	

COMMITMENT

Propects numbered 4, 5 (1 grant), 6, 7, and 8 have been promised second year support, provided funds are available and satisfactory progress is being made.

List all moneys to educational institutions or educational organizations related in any way to the aging for technical assistance training for all purposes, listing the amounts of the awards, the purpose of each award, and the designee of each award.

On the following page the following educational institutions and organizations received fiscal year 1973 awards for training and technical assistance under the training grant program of the Administration on Aging.

FISCAL YEAR 1973 TRAINING GRANTS AWARDED UNDER TITLE V (TITLE IV–A, AS REVISED), OLDER AMERICANS ACT

Region	Institution or organization	Amount	Purpose [1]	Focus [2]
I	Brandeis University	$196,171	LTT	Ph. D.
	New England Center for Continuing Education	130,000	STT	National Nutrition Program.
II	Columbia University, Teachers College	169,301	LTT	M.A., Ed. M., Ed. D.
	Syracuse University	246,615	LTT	B.A., M.A.
			STT	State and Area Planning.
	International Center for Social Gerontology, Inc	34,318	STT	Professionals in Aging.
III	Federal City College	93,383	LTT	B.A.
	Community Nutrition Institute	148,887	STT	National Nutrition Program.
	National Center for Housing Management	189,241	Curriculum development. STT.	Housing Managers.

FISCAL YEAR 1973 TRAINING GRANTS AWARDED UNDER TITLE V (TITLE IV-A, AS REVISED), OLDER AMERICANS ACT—Continued

Region	Institution or organization	Amount	Purpose [1]	Focus [2]
IV	Fisk University	81,973	LTT	M.A.
	Albany State College	16,434	LTT	B.A.
	University of South Florida	21,552	LTT	M.A.
	Duke University	126,579	STT	Older Americans Volunteer Program.
V	The University of Michigan-Wayne State University	477,159	LTT	M.A., Ph. D.
			STT	State and Area Planning.
	University of Minnesota	50,433	LTT	M.P.A.
	Ball State University	28,500	STT	Primary and Secondary School Teachers.
VI	North Texas State University	197,032	LTT	M.A.
			STT	National Nutrition Program.
	Bishop College	22,956	LTT	B.A.
	University of Arkansas	33,274	LTT	B.A.
VII	University of Nebraska at Omaha	195,502	LTT	B.A., M.A.
			STT	National Nutrition Program.
	Kansas City Regional Council for Higher Education [3]	104,119	LTT	B.A.
VIII	Rocky Mountain Gerontology Center [4]	286,036	LTT	B.A.
			STT	Older Americans Volunteer Program.
IX	University of Arizona	103,289	LTT	M.A.
	University of Southern California	188,333	LTT	M.A.
			STT	State and Area Planning.
X	Oregon Center for Gerontology [5]	204,041	LTT	B.A., M.A., Ph. D.
		255,027	STT	National Nutrition Program.
		68,805	Curriculum development.	

[1] LTT=Long-Term Training; STT=Short-Term Training.
[2] Long-term training is career training in a variety of fields related to aging, generally for a 2-year period. Short-term training is directed primarily at personnel with responsibility for implementing new program emphases under the National Nutrition Act (Public Law 92-258) and the Older Americans Comprehensive Services Amendments of 1973 (Public Law 93-29), and is 5 days to 3 months in length.
[3] Donnelly College, Tarkio College, Benedictine College, Missouri Valley College, and Rockhurst College.
[4] University of Utah, Brigham Young University, Southern Utah State College, Utah State University, and Weber State College.
[5] University of Oregon, Portland State University, and Oregon State University.

List all moneys to educational institutions or educational organizations profit or nonprofit for evaluations of any and all programs, listing the specific amounts awarded, and to whom they were awarded.

The Administration on Aging made no fiscal year 1973 awards to educational institutions or organizations for the purpose of evaluating programs.

ITEM 3. TOWARDS A NEW ATTITUDE ON AGING; ADMINISTRATION'S RESPONSE TO RECOMMENDATIONS OF THE DELEGATES TO THE 1971 WHITE HOUSE CONFERENCE ON AGING, APRIL 1973; SUBMITTED BY STEPHEN KURZMAN, ASSISTANT SECRETARY OF LEGISLATION, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE*

Training and Research

Administration Response: The administration will provide support for research, demonstration and training in the field of aging in a manner that is consistent with the overall policies which it has developed for Federal involvement in these activities.

In the field of research the administration is committed to a sharpening up of the Federal Government's objectives in particular fields and then coordinating and focusing Federal resources on the achievement of these objectives.

The President set forth his convictions relative to the importance of research in the field of aging in his Message on Aging on March 23, 1972, when he said:

"It is important that the same scientific resources which have helped more people live longer lives now be applied to the challenge of making those lives full and rewarding for more Americans. Only through a wise investment in research now, can we be sure that our medical triumphs of the past will not lead to social tragedies in the future."

*See statement, p. 104.

"What we need is a comprehensive, coordinated research program, one which includes disciplines ranging from biomedical research to transportation systems analysis, from psychology and sociology to management science and economics."

The Administration will take steps to insure that the Federal departments and agencies that have resources available for research in aging work as a team in order to achieve the comprehensive, coordinated program referred to by the President in his message. The specific steps that will be taken to achieve this objective will be announced shortly.

There is in existence a technical advisory committee on aging research. This committee, made up of outstanding leaders from outside Government, will make recommendations to the administration directed toward the development of a meaningful program of research in aging.

The administration believes that the most effective means for the Federal Government to advance research in the field of aging is to tap all of the Federal Government's resources and relate them to agreed upon objectives. This process will result in the involvement of more leaders in more disciplines and the commitment of more resources than would be the case if an institute on research in aging were to be located in just one of the many departments and agencies involved in research in aging. If an institute should be created there would be a natural tendency for other departments and agencies to feel that they had been relieved, at least partially, from some of their responsibilities. The administration plans to move in just the opposite direction and take action which will impress on these agencies the importance of their responsibilities in the area of aging research.

Some of the agencies that will be involved in the development of the comprehensive and coordinated research program called for by the President will be the following:

The National Institutes of Health. More than $1 billion is spent annually by the National Institutes of Health on research involving many diseases which affect older persons.

The National Institutes of Health is the agency which the Congress of the United States has charged with the responsibility for research on disease and aging processes. It has an annual budget of about $1.9 billion of which over $1 billion goes for research important to older persons.

For example, arteriosclerosis leading to the obstruction of the vessels supplying blood to the heart, brain and legs is particularly important to those over 65 years of age, causing much suffering and more than half of the mortality in that age group. The National Heart and Lung Institute supports a large research effort directed at arteriosclerosis.

The second major cause of death in older persons is cancer. The National Cancer Institute supports a massive program of research on the cause, prevention, and treatment of various types of cancer.

Every one of the 10 institutes that make up NIH supports research efforts that improve our chances of preventing and treating the diseases of older persons.

In order to increase the effectiveness of the NIH activities in this area, the decision has been made to create a Center for Aging Research within the National Institute for Child and Health and Human Development. This center will coordinate the activities of the Gerontology Research Center, a research facility for Government scientists conducting aging research, and the adult development and aging branch through which funds pass to support non-Governmental scientists working on aging. The combined total of their exenditures is over $12 million per year.

The National Institute of Child Health and Human Development studies the biological, psychological, and social aspects of aging as well as the general medical aspects of aging. The NICHD is concerned with developmental and deteriorative changes across the entire span of life from conception to death. The research on aging supported by NICHD deals with the general deteriorative processes which gradually transform a young person into an old one, more than with specific disease entities. These changes occur in all the systems of the body and cause the gradual loss in functional ability that, while they may be severe, do not ordinarily have names attached to them as do the specific diseases. They include changes in endocrine function, immuniological competence, mental function, and a host of other deteriorative processes. Study of these changes will form the new frontier of medicine as the current major causes of death—vascular disease and cancer—are brought under control.

The National Institute of Mental Health. The institute conducts a wide range of research projects on psychological, social and emotional aspects of aging. Examples include:

(*a*) Ohio State University researchers are exploring the social and personal relationships involved in the decisionmaking when an elderly person or couple moves into a retirement or nursing home.

(*b*) Another study, conducted by Boston University, is studying the social factors which facilitate paid and unpaid work and second careers for the elderly.

(*c*) The Harvard University Medical School is studying suicide and suicide prevention in the elderly. This is a large scale interview study which focuses on depression, attitudes toward death, suicidal impulses the extent of current life stresses, and general morale.

The National Center for Health Services Research and Development. This center is engaged in a wide range of research concerning older persons. For example, special research efforts by the center, in conjunction with the National Center for Health Statistics, and the Community Health Service, will be geared towards defining quality of care in nursing homes, monitoring nursing home utilization, and measuring the effectiveness of alternatives to institutional care.

The Administration on Aging. Seven million dollars is slated to be spent in fiscal 1974 on a wide range of high-impact projects which promise short-term results. The purpose of this activity is to:

(*a*) Provide a reliable knowledge base for the development and refinement of National, State, and community programs for older persons;

(*b*) Demonstrate how this knowledge can be used effectively by public and private agencies; and

(*c*) Provide linkage of research to practical outcomes.

Current emphasis is on identifying:

(1) Impediments to independent living which result in institutionalization;

(2) Costs of community care and in-home care in comparison with the costs of institutional care for different subgroups within the target population;

(3) Structural or institutional changes required to increase the options for independent living.

During the past several years, emphasis was placed on:

(1) Developing and refining a system to advance research utilization which assures that relevant research findings are known and used by those responsible for the delivery of services, planning the methods of service delivery, and policy-making.

(2) Continuing the development of a system of social indicators to assess the needs and attitudes of the elderly so that States can use the resulting data for a statewide planning base;

(3) Developing a model for a statewide information and referral system which links services to clients;

(4) Studying ways and means of improving nutrition services for the elderly; and

(5) Examining the extent to which inadequate public transportation or personal difficulties lead to reduced mobility and, thereby, the isolation of older persons.

The Social Security Administration. SSA is conducting hundreds of research projects which deal with the well being of older Americans.

(*a*) In the income area, these efforts include large scale surveys of the income status of the elderly, the adequacy of earnings replacement and benefits under private and public employee retirement systems.

(*b*) In the area of Medicare, several projects are studying the utilization of medical facilities by Medicare patients, the benefits of new methods of health services delivery, the interaction between private health insurance and Medicare coverage, and the advantages and disadvantages of extending coverage to new cost areas, such as prescription drugs.

(*c*) In addition, the Social Security Administration will mount a national evaluation of the effect of Supplementary Security Income on the economic status and general well-being of the low-income elderly.

The Veterans' Administration. The hospitals and clinics of the Veterans' Administration are conducting hundreds of research projects into the aging processes and chronic diseases. Of special concern to older persons are the agency's investigations in diabetes and diabetic retinopathy, endocrinology of the aging, and aging bone metabolism. During 1972, the Veterans Administration obligated over $4.6 million for research projects in aging.

Department of Housing and Urban Development. The Department of Housing and Urban Development in supporting significant research related to the needs of

older persons. Some illustrations of research underway, or computed in 1972 are as follows:

(*a*) Operation BREAKTHROUGH is a major research and demonstration project in the field of housing. In the project, demonstration housing was designed specifically for older persons under the elderly housing provisions of the low rent public housing programs located in Memphis, Kalamazoo, and Sacramento. The units include experimental safety features such as smoke detectors, personal silent alarms, and shower stalls instead of bathtubs. Operation BREAKTHROUGH programs also developed innovative site planning and unit designs which result in more accessible dwellings and community facilities.

(*b*) The housing allowance experimental program was begun in 1972 to evaluate housing allowances as an alternative to other concepts for housing assistance. Rent allowances are provided directly to the individual or family to make up the difference between his rent paying ability (25 percent of income) and the rent of available housing units. Residents find and select their own dwellings within certain cost limits.

(*c*) The public housing management improvement program is a major effort to demonstrate and evaluate improved methods of operation and management of public housing. HUD provides research and technology funds to local housing authorities who, together with local governments, are responsible for the design and implementation of the approaches taken. In five cities, New Haven and Hartford, Conn., San Juan, Puerto Rico, Greensboro, N.C., and Atlanta, Ga., the program contains service components specifically developed to meet the needs of older residents.

(*d*) HUD negotiated a contract with the Law Enforcement Assistance Administration designed to investigate the problems of residential security faced by older persons.

(*e*) The Brown Engineering Company Home Accident Study delineated the cause of home accidents by age groups and reveals the relationships of certain home features that have proved dangerous to elderly residents. Findings of this study will be reflected in the minimum property standards or the manual of acceptable practices now under revision.

(*f*) An evaluation of the Fall River, Mass., housing for the handicapped study was completed in 1972 and the full report will be published by HUD in 1973. The majority of the residents of this project were elderly as well as handicapped. Findings will provide data that may be used for forestall premature reliance on costly medical institutions rather than continuing in a more normal living environment.

(*g*) The Fisk University mobility study provides data related to relocation programs for the elderly, and the effect of mobility on the availability or lack of public transportation and on the health, income and service needs of the elderly. The study, completed in 1972, was conducted in Nashville, Tenn. The results have particular significance for minority elderly and policies and programs related to them.

(*h*) The housing annuities for the elderly study was conducted some time ago by Professor Yung Ping Chen of the University of California and is now in the process of being published. The study was done among homeowners aged 55 to 75 in Los Angeles County to measure their attitude toward the idea of converting the homeowners' equity into a flow of monthly income for life.

(*i*) Forecasting International, working under a HUD contract, completed a state-of-the-art study and bibliography on housing for the elderly with special emphasis on the problems of management in such housing.

Department of Transportation. As part of its overall effort to improve transportation for all citizens, the Department of Transportation has conducted and currently has underway a numbe[illegible] research projects designed to enhance the mobility of the nation's older citize[illegible]xamples of this activity are:

(*a*) A dial-a-ride demonstration project in Haddonfield, N.J.;

(*b*) Special service demonstration projects designed to demonstrate innovative services and equipment to serve the special transportation needs of the elderly in communities in Connecticut, Montana, Florida, Oregon, and Rhode Island.

(*c*) An analysis of the transit needs of the elderly in four diverse cities:

(*d*) A TRANSBUS program in which special buses are being developed and designed to ease the accessibility of bus transit for wheel chair passengers:

(*e*) Two new state-of-the-art vehicles that accommodate wheel chairs, currently being tested at DOT's test center in Colorado:

(*f*) A preliminary design for a specification development effort to insure that new rail rapid transit passenger carriers will address the problems of the handicapped and elderly;

(*g*) Demonstration planning grant, awarded in Orlando, Fla., which supports the design of a transportation demonstration program aimed at testing innovative transportation services for all elderly.

(*h*) A study sponsored by the Metropolitan Washington Council of Governments that includes an analysis of transit service for the handicapped and elderly.

Department of Labor. The Department of Labor has conducted a number of research studies that concern older persons. Several of the Department's important age-related studies include:

(*a*) A landmark study, "The National Longitudinal Studies of Labor Force Behavior" conducted by the Ohio State University has been following a group of about 5,000 men, 45 to 59, since 1966 through annual surveys conducted by the Bureau of the Census. Comprehensive information has been collected on employment and unemployment experience, occupation, income, education and training, family background, health, work attitudes, etc., for the primary purpose of explaining labor force experience and behavior, particularly the problems encountered as men near retirement age.

(*b*) The U.S. Bureau of Labor Statistics has conducted periodic surveys of pension plan documents filed with the U.S. Department of Labor under the provisions of the Welfare and Pension Plans Disclosure Act. The BLS recently entered into a contract with the Manpower Administration to study pension plan provisions that may give rise to involuntary retirement. The survey is based on a sample of approximately 1,600 plans. Data on the number of active employees covered by the relevant provisions of pension plan contracts in 1967 and 1971 are now being analyzed. Findings from this survey will be published in the Monthly Labor Review early in 1973. In addition, data from a followup survey on retired employees' experiences are expected to be available in 1973.

(*c*) A report is currently being prepared by the Economic Statistics Administration (ESA) based on National Longitudinal Survey data having to do with involuntary retirement. The ESA is planning (1) a study of other Federal agency survey findings, including the survey of newly entitled beneficiaries and the retirement history survey by the Social Security Administration, and (2) an employer survey on involuntary retirement to be conducted by the Bureau of Labor Statistics.

Atomic Energy Commission. Current research by the Atomic Energy Commission is directed toward the goal of obtaining a better understanding of effects of radiation on the body over time, including the relationship to the degenerative processes responsible for senescence. Information of this sort is essential to the formulation of radiation protection guides and the estimation of biological costs of nuclear energy activities. Data obtained may also contribute toward the more effective use of radiation in therapy. Data on the clinical and epidemiological aspects of aging are valuable, in turn as part of the total body of knowledge needed to understand the consequence in a man of chronic, low-level radiation stress, such as may occur in certain occupational situations. The projected level of funding in fiscal year 1973 for the support of research on aging at AEC-owned (onsite) laboratories and offsite contractor facilities is $4.5 million.

National Science Foundation. The National Science Foundation is supporting research on the societal impacts of a changing age structure in the U.S. population and on assessing programs and institutions necessary to meet the changing needs of the aged.

National Aeronautics and Space Administration. This agency is seeking to determine ways in which the benefits of their general research can be made applicable to older Americans.

Three of NASA's "application teams" are working in the area of medical equipment improvements, a subject of vital concern to the elderly. The agency's technology has developed several switching devices enabling bed-ridden patients or paralyzed persons to operate appliances or send signals by using limited motions such as eye movements. A new plastic foam has been adopted as a superior padding material for wheel chair cushions or bed pads. A major development is a compact mobile electrocardiograph machine which can be attached to a walking patient. Less expensive home-type tape recorders for transmitting EKG signals to hospitals and clinics may in the future help to eliminate costly hospital visits and enable patients to be treated at home.

ITEM 4. MEMORANDUMS FROM ACTING ADMINISTRATOR, SOCIAL AND REHABILITATION SERVICE, HEW, TO REGIONAL COMMISSIONERS*

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
SOCIAL AND REHABILITATION SERVICE,
OFFICE OF THE ADMINISTRATOR,
April 16, 1973.

To: SRS regional Commissioners.
From: Acting Administrator, Social and Rehabilitation Service.
Subject: Phaseout of SRS direct training grants.

This is to confirm discussions with your staff concerning the SRS policy with regard to the phaseout of direct training grants. The SRS policy is being coordinated with other similar HEW programs to the extent this is possible. The SRS policy does not affect the State and local training under the public assistance formula grant programs. In summary, the approved SRS policy is as follows:

(1) SRS direct training grants for short-term or long-term training will be phased out in fiscal year 1973 and fiscal year 1974.

(2) No new proposals for long-term training projects will be considered for funding.

(3) Traineeship funds for students will be made available only for students presently supported and only when there has been a firm commitment for their next year of training. Student support will end on June 30, 1974 except where the continuing commitment may involve an academic calendar ending August 31, 1974.

(4) The phase-out of faculty support will take place during the academic year 1973–1974, with a plan for complete termination of support by August 31, 1974. Further, faculty support provided for the academic year 1973–1974 will be limited to a maximum of 50 percent of current activity.

(5) No rebudgeting will be allowed of funds available to schools as a result of decreases in student or faculty support or in short-term training grants.

(6) Short-term training is being terminated except for specific projects necessary to implement new legislation for Aging and Nutrition and selected Rehabilitation projects where commitments have been made or where training is focused on the development of high priority special skills. Information on the short-term training phaseout will be forwarded separately.

The attached instructions provide more detailed information on procedures to be followed in phasing out long term training projects. The Office of Manpower Development and Training is responsible for coordinating the phase out plan. Please clear any specific questions concerning management of the grants with the Division of Project Grant Administration.

PHILIP J. RUTLEDGE.

[Attachment]

SRS PHASEOUT INSTRUCTIONS FOR DIRECT TRAINING GRANTS FOR FISCAL YEAR 1973–1974

I. BASIC POLICY OF TRAINEESHIP AND FACULTY SUPPORT

A. *Traineeships*

No new student trainees will be supported. Traineeships will be made available only for students presently supported and when there has been a firm commitment to a specific student for his next year of training.

Training support will, therefore, be reduced by approximately 50 percent as a national policy total, resulting in a proportionate reduction in the allowances for traineeship support to each region.

If funds allocated to the region for traineeships under any program are not sufficient to fund all students who are eligible, a request should be made to Central Office for additional funds.

Funds not required for continuing eligible students may not be rebudgeted by the Region or the school for any other purpose.

B. *Faculty Support (i.e, teaching grants)*

Awards for teaching grant support will be limited as a general rule to 50 percent of current funding except where there is only one full-time faculty salary. In such case, the full salary may be allowed.

*See statement, p. 112.

Teaching grant support will, therefore, be reduced by approximately 50 percent as a national policy total, resulting in a proportionate reduction in the allowances for teaching grant support to each region.

All estimated unobligated balance funds from the current grant should be applied toward the new approved teaching grant award. The total amount of funds awarded by the region for teaching grants may not be increased by more than 5 percent above the regional allowance for teaching grants through the use of such balance funds. Balance funds which have already been restricted have been taken into account in projecting regional allowances.

Funds not required for long-term teaching grants may not be rebudgeted by the region or the school for any other purpose.

II. FUNDING

Official advices of allowance of fiscal year 1973 funds to the regions for the award of long-term continuation and renewal direct training grants for aging and consolidated social work will be sent to you by the budget office within the next 2 weeks.

At that time the freeze on direct training grant funds will be lifted.

You will also be advised concerning the adjustments to be made for fiscal year 1973 off-cycle rehabilitation training grants. A final decision on allowances for rehabilitation training which would normally have been made against 1974 funds is still pending. The advice of allowances will be sent to you as soon as a decision is reached.

A separation of funds for traineeships and for teaching grants within the allowance will be provided for each training grant program.

III. PROCEDURES

All awards for long-term training grants should be processed to allow awards well in advance of June 30, 1973.

All awards will terminate by August 31, 1974.

For all awards the number and level of traineeships and the number of faculty supported should be indicated on the notice of grant awarded. This should be compared with the previous year notice of grant awarded to assure compliance with the SRS phaseout policies.

Please inform grantees of the phaseout policies as soon as possible either by use of this memorandum or by other appropriate means.

IV. DELEGATIONS

Authority for award of renewal grants is hereby delegated to the regional Commissioners.

Only continuation projects, continuing projects of national scope and renewal projects where long-term trainees presently supported are to be continued will be funded. Renewal projects without continuing trainees will not be funded.

Continuing projects of national scope will be awarded from central office.

V. SPECIFIC INSTRUCTIONS FOR CONSOLIDATED SOCIAL WORK AND REHABILITATION TRAINING

Consolidated social work training. The regional allocations for consolidated social work grant awards will not be divided between the separate training grant programs and it will not be necessary for the Region to indicate the source of funds on the notice of grant awarded.

Rehabilitation Training. (1) All projects—except for projects of national scope—will be processed entirely within regional offices. The original fiscal year 1974 regional allowances for rehabilitation training did not include funds for off-cycle renewal projects. Those off-cycle renewal projects in which it is expected that there will be continuing students are included in the revised regional allowances.

(2) State vocational rehabilitation agency in-service training grants will terminate on June 30, 1973. Funds for the support of this program are not included within the regional allowances.

(3) Undergraduate traineeships in the field of rehabilitation medicine for the summer of 1973 may be awarded in those cases where commitments to students have been made. In such cases, grants may not exceed 50 percent of the amount awarded in fiscal year 1972.

(4) Renewal projects in which there are no continuing trainees are to be terminated at the end of the present project period. Funds have not been included in regional allowances for these projects.

(5) Continuation applications for projects in which nonacademic training is conducted may be supported at a reduced level consistent with the level provided in other projects. Support for participants in these projects may be included at a level necessary to ensure an orderly phaseout of Federal support.

[Attachment]

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
SOCIAL AND REHABILITATION SERVICE,
OFFICE OF THE ADMINISTRATOR,
May 17, 1973.

To: Regional Commissioners, SRS.

From: Acting Administrator, Social and Rehabilitation Service.

Subject: Modification to SRS direct training phaseout policies.

The HEW olicy regarding the phaseout of direct training programs states that faculty support will be phased out concurrently and proportionately to the support of students. To bring the SRS instructions into line with the Department policy, the following addition should be made to item I.B. paragraph 1 of the attachment to Mr. Rutledge's memorandum of April 16, 1973, subject "Phaseout of SRS Direct Training Grants:"

> "If the number of SRS supported students in the academic year 1973–1974 exceeds 50 percent of such students presently supported, the amount of faculty support may be increased in proportion to the number of such continuing students in a specific school."

Any questions regarding this modification should be directed to the division of project grants administration.

F. D. DEGEORGE.

ITEM 5. STATEMENT OF THE RELATIONSHIP OF TRAINING PERSONNEL FOR THE FIELD OF AGING TO SECTION 412, PART C, MULTIPURPOSE CENTERS OF GERONTOLOGY OF THE OLDER AMERICANS ACT OF 1965, AS AMENDED BY PUBLIC LAW 93–29

Section 421 of the Older American Comprehensive Service Amendments of 1973 (Public Law 93–29) authorizes the Commissioner on Aging to "make grants to public and private nonprofit agencies, organizations, and institutions for the purpose of establishing or supporting multidisciplinary centers of gerontology." The section provides that applicants for such support must agree to perform stipulated functions. Five of these are addressed, in whole or in part, to the training of personnel. These are as follows:

(A) recruit and train personnel at the professional and subprofessional levels,

(C) provide consultation to public and voluntary organizations with respect to the needs of older people and in planning and developing services for them,

(E) stimulate the incorporation of information on aging into the teaching of biological, behavioral, and social sciences at colleges or universities,

(G) create opportunities for innovative, multidisciplinary efforts in teaching, research, and demonstration projects with respect to aging.

In addition, the two remaining paragraphs designate activities closely related to training. The conduct of research (paragraph B) almost necessarily calls for the involvement of students whose participation would result in extending their knowledge of aging. The repositories of information called for in paragraph D would be essential elements of training environments. Thus, it is clear that the centers envisioned under section 421, Public Law 93–29, would play major roles in formal preparation of personnel for the field and in informal education through consultation and guidance.

The experience of the training grant program of the Administration on Aging is convincing in affording evidence that the functions set forth in section 421

are feasible and useful. The Administration on Aging is providing financial support to 14 educational institutions or consortia whose activities qualify them wholly or partially for center status. These are: Brandeis University-New England Center for Continuing Education, Syracuse University, the Pennsylvania State University, Duke University, the University of South Florida, North Texas State University, the University of Michigan-Wayne State University, the University of Chicago, the University of Wisconsin, St. Louis University, the University of Nebraska, a consortium of five institutions headed by the University of Utah, the University of Southern California, and an Oregon consortium led by the University of Oregon. A total of 21 institutions are involved. All but one of the institutions or core institutions in the consortia has established a multidisciplinary center or an institute which operates independently of any single department or professional school.

In varying degrees, most of these centers or institutes are performing the functions enumerated in part IV–C of the new Older Americans Act Amendments.

(A) All are recruiting and training personnel at the professional level and several are providing short courses for professional and subprofessional personnel. At least four are making significant progress in assisting community and junior colleges to develop courses and curricula for training at subprofessional levels.

(B) All, or nearly all, are conducting basic or applied research in which students are learning through participatory experience.

(C) All are heavily engaged in giving consultation and guidance to individuals and groups representing public and private agencies and organizations. All are working in close conjunction with the units on aging in the regional offices and with State agencies in aging.

(D) In every case, the institutes or centers have been and are building libraries of books, periodicals, reports, and a variety of data essential to researchers and students.

(E) All have been stimulating the incorporation of content on aging in established or new courses by either (a) coopting faculty members from various disciplines to offer courses in curricula on aging, or (b) encouraging departments and schools to add gerontological information to appropriate courses or to introduce new courses.

(F) As a result of the missionary work of the centers and institutes, programs on aging are being offered in a range of professional schools including architecture, education, home economics, human development, public administration, public health, recreation, social work, and urban studies. Similarly, aging content has been added to course offerings in anthropology, economics, political science, psychology, and sociology.

In some instance the Administration on Aging is providing most of the Federal support received by these programs. In other instances, major support has come from the National Institute of Mental Health or the National Institute of Child Health and Human Development. Several have received support from State funds and other sources. The Administration on Aging has encouraged the institutes and centers to seek multiple support because it usually results in broadening the base of faculty and student involvement in the programs. Broad involvement extends the variety of occupations for which personnel can be trained and enhances the capacity for research and for provision of consultation and technical assistance.

With regard to the future, we know that some of the institutions in which the centers are located—and we hope all of them—have made enduring commitments to the field of gerontology. Most of them are making substantial contributions of their own funds to support the gerontological curricula and the technical assistance they are offering. We hope that they will increase their own efforts and we expect that many of them will embrace the opportunity to obtain research funds and to participate in expanding community service programs. To the extent that they do, this should continue to give visibility to the institutes and centers on aging, provide some support of faculty who can be involved in training programs, and serve as means of attracting students to the field of gerontology or aging.

Secretary Kurzman has discussed the new and expanding services of student support in the form of basic education opportunity grants, work-study opportunities, and student loans. There has been no reported information regarding the extent to which students in aging have been making use of these resources.

The next 2 or 3 years should tell a great deal about the degree to which educational institutions take advantage of the expanding opportunities in the field of aging and of the extent to which students, in the absence of traineeships, will make use of alternative sources of support to prepare themselves for careers in aging.

ITEM 6. RESEARCH IN AGING, PREPARED BY THE NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT, NATIONAL INSTITUTES OF HEALTH, FOR THE U.S. SENATE SPECIAL COMMITTEE ON AGING*

INTRODUCTION

The average life expectancy in the United States has increased from 49 to 70 years in this century, largely due to the prevention of death from infectious diseases in the first year of life. Since 1900 the number of persons reaching the age of 65 has risen from three to about 20 million. This is a jump of from 4 percent to 10 percent of the entire population.

The National Institute of Child Health and Human Development (NICHD) is committed to studying biological, psychological, and social processes over the total life span, and is concerned with the development of knowledge that will prevent or reduce the adverse effects of aging. Creation of a central body of sociological fact and theory to view the problems of the aging and the elderly comprehensively, and development of appropriate solutions of these problems are also of concern to the Institute.

The effects of aging may be said to fall into two categories—weakening of the body's defense against disease and reduction in the comfort of the elderly and in their enjoyment of life.

In the past several decades great progress has been made in detecting and measuring the loss of physiological and psychological function that occurs as humans age. Reduction in the performance of the body's organ systems has been well documented. For example, much is known about the changes that occur in the excretion by the kidney of end products of metabolism and maintenance of proper concentration and quantity of many substances within the body. Much is also known about the changes in mental abilities with age. However, until recent years little has been known about the causes of loss of function with age. Recent advances in scientific knowledge and techniques now make it possible to address many of the key questions about aging. Some of these concern the role of immunity in aging, cellular programing, the effect of age on cellular responsiveness and control mechanisms, aging in women, and the effects of nutrition and environment on aging in humans and animals.

The following table lists the institute's support for intramural research and for extramural research and research training on aging at universities, hospitals, and research institutions, through its adult development and aging branch.

(In Thousands)

1970	$8,100
1971	9,313
Aging 1972 (estimate)	12,505
1973 (estimate)	12,336
1974 (estimate)	11,838

INTRAMURAL AGING RESEARCH—THE GERONTOLOGY RESEARCH CENTER

The Gerontology Research Center (GRC) of the National Institute of Child Health and Human Development in Baltimore, Md., provides the base from which Government scientists study the biological, physiological, and behavioral changes that take place with aging in humans. In addition to its own staff of investigators, the center provides laboratory facilities for guest workers and foreign fellows and also serves as a national facility for the study of aging. The center's facilities and staff are frequently used resources for scientists in the community and at universities, medical schools, and other biomedical institutions throughout the country.

The primary requirement for aging studies is access to animals of known age, parentage, and exposure to infectious agents. In past years, aging research has often been hampered by difficulty in obtaining these experimental animals. In

*See statement of Dr. LaVeck, p. 121.

response to this need, the GRC has now developed a large colony of aging rats which are made available to qualified investigators in other laboratories.

During 1972, 12 collaborative research projects, involving some 50 guest scientists and supporting personnel, operated at the Baltimore center. In addition to modern scientific equipment and senescent animals, the center's resources include an extensive gerontology library, temperature control rooms useful for studying the effects of environment on aging, tissue culture facilities, up-to-date electronic data processing equipment, an animal surgery suite, regular research seminars, and special conferences on aging.

Investigators from many disciplines study what happens to people and animals as they age, how older organisms adjust to aging, and what might be done to slow or prevent some of the harmful effects of aging.

Studies which compare measurements made on a group of young subjects with those made on a different group of old subjects may lead to erroneous conclusions about aging because the old subjects could represent survivors who were superior individuals in their youth. Studies using statistics based on data averaged from subjects of different ages do not necessarily show the progression of age-caused changes. In order to determine the interrelation between aging in different organ systems it is necessary to obtain serial measurements on the same individual. These measurements are essential if gerontologists are to find out whether there is a general aging factor, or whether aging is simply the result of random deficits that develop in different patterns in different people. A principal activity of the GRC is the conduct of the Baltimore longitudinal study. This study is an effort to obtain a detailed understanding of aging in humans by making repeated observations on the same individual as he ages. A sample of some 600 men, leading successful and active lives, has been recruited for this study. Primarily from the Baltimore-Washington area, all subjects are volunteers ranging in age from 20–96 years. Each subject in this study spends 2½ days at the Gerontology Research Center every 18 months. At each visit these volunteers are given extensive clinical, biochemical, physiological, and psychological tests to measure age changes.

Investigators interested in nutritional aspects of aging are participating in the study. Recently, these scientists, working in collaboration with nutritionists at Philadelphia General Hospital and the Hoffman-LaRoche Co., have collected data on the vitamin status of the 600 volunteers.

Early results from this study show that with advancing age even well-nourished men are deficient. Of the 200 men studied to date, 30 percent take a vitamin supplement to their diet on their own initiative. As measured by the amount excreted in urine, one-fifth of the subjects not taking vitamins show evidence of abnormally low levels of thiamine (B_1) and riboflavin (B_2). At least half of these older men show a deficiency of pyridoxine (B_6) in blood plasma. Not only do the men have low vitamin levels, but also there is evidence of abnormal enzyme levels in the plasma and in the red blood cells of those not taking vitamin supplements.

These early results are surprising because the group under study is made up of highly educated, successful, community living subjects who have access to adequate diets. On the positive side, chemical evidence of vitamin B deficiency is rare in the middle-aged and in those elderly subjects who, without direction, include a vitamin supplement in their diets.

In a different GRC laboratory, a guest investigator is studying still another vitamin which sometimes is found to be deficient in older people. This vitamin, folic acid, is essential for the formation of new cells in the body.

Early results indicate that there is a significant difference in rates of folic acid absorption in the small intestine of young rats (6 weeks old) compared to old rats (2 years old). A 2-year-old rat is roughly comparable to a 70-year-old man.

If the age-related difference in absorption rates observed in these early experiments continue to be observed as more animals are studied, then scientists may pursue similar human studies. It is possible to theorize that some of the vitamin deficiencies seen in older humans might result from age related defects in vitamin absorbing capability of the intestine.

LEARNING ABILITY AMONG THE AGED

Still other GRC investigators have been studying the verbal learning ability of participants. Recent analyses of data show that when material to be learned is presented visually at a fairly fast rate, the subjects make increasingly more errors as they grow older.

These results are consistent with the finding based on cross-sectional analyses that there is an age dependent decrement in verbal learning performance. In a cross-sectional study, people of various ages are tested once and only age differences between individuals can be measured. In the longitudinal study, each person is tested initially and then retested approximately six years later, thus providing a measure of change in performance with age. The verbial learning procedures used at the Center require the acquisition and recall of new information, whereas intelligence tests tap old information. In contrast to verbal learning performance, intelligence tests have demonstrated no age-related changes in mental ability. In view of the disparity of results between the two measures of intelligence, further studies of the relation between mental ability and age are required.

It is important to note that the magnitude of the age-related decline in verbal learning performance varies with the rate at which material to be learned is presented. Under conditions where material to be learned is presented at a slower speed, the decline with age is much less marked and tends to show up much later in life.

BIOLOGICAL ASPECTS OF AGING

Age-related deterioration of the body's immune response to invasion by foreign proteins is thought by many to be responsible for the increased susceptibility to infections and to cancer in the elderly. Researchers have observed a marked loss of immunological responsiveness in aging humans. Studies have shown that the defect in immunological competence is located in the immunological cells of the aged animal. The immunological system is made, at least in part, of cells formed in the thymus gland (T cells) and in the bone marrow (B cells) that are capable of producing the active disease fighters. These T and B cells concentrate themselves in the spleen and lymph nodes or travel through the body with white blood cells.

When an infectious organism (an antigen) enters the body, a team of these cells work to destroy the invaders. In early infancy this immune system receives assistance briefly from maternal antibodies transferred during pregnancy. The activity of this system reaches its peak during adolescent years then decreases as the animal ages.

It has been suggested by some experts that cells become different genetically with time. When this happens they can become antigenic and stimulate a response by the body against its own cells. This results in an autoimmune disease harmful or deadly to normal cells. The aging and cell death that follows represents the end result of an autoimmune process and an active immune system gone awry.

Immunologic techniques perfected over the past few years now make it possible to initiate new research efforts to identify changes in the immune system with aging. In recognition of this fact, NICHD in the fall of 1972 established a special section on immunology within the Gerontology Research Center's Laboratory of cellular and comparative physiology.

Seven outstanding immunologists have been recruited as the nucleus of the new section. These investigators are initiating studies on the mechanisms of the age-related decrease in immune responses in both animals and humans. In addition, they are conducting studies to determine the role of the autoimmune response in aging and to find out how cells distinguish between cells of their own kind and foreign invading bodies. The extramural adult development and aging branch is also supporting studies of the immunological aspects of aging.

CELLULAR AND MOLECULAR AGING

Old animals take more time than do young ones to produce certain enzymes, although they eventually do produce appropriate amounts. This means that while the older animal can perform a particular metabolic task it takes him much longer.

Recent studies by scientists in the GRC laboratory of molecular aging have shown that impairments in the body's cell control mechanisms lessen the ability of old animals to produce certain proteins, essential to the maintenance of life. This means that aged cells can produce enough essential proteins if they are properly stimulated and if the materials needed for the protein production can be delivered to the cells.

Research in this area is aimed at experimental introduction of new materials into cells to repair or counteract the effects of age. An investigator in the GRC laboratory of molecular aging has synthesized new compounds (polymers) that can penetrate cell membranes without destroying the cell wall and disrupting the whole cell. (Previously scientists depended on living organisms, usually special viruses, to get into the cells.) Under normal circumstances it is extremely difficult to introduce substances such as hormones, enzymes, or genetic material (nucleoproteins) into the cells. Now, with the synthesis of the polymers it may be possible to introduce these large molecules into the cells by attaching them to the polymers.

The polymers used at the GRC have been designed, produced, and evaluated for their ability to stimulate protection against viruses. A center investigator has also found that the antiviral defense mechanisms of human cells grown in tissue culture change with age. The viral protection induced with chemicals is most effective in the middle of the *in vitro* (cell culture) life span, then decreases sharply but is still functional up to the last 10 percent of the cultured cell's life span.

Extramural Research and Training Programs

The history of medical practice has shown a movement from intervention during medical crises toward the prevention of crises. The earliest results of this shift in strategy were studies in the prevention of diseases due to infectious agents and nutritional deficiency.

Today the philosophy of prevention can be seen even in basic studies designed to isolate and characterize risk or predisposing factors—the modification of which can prevent the development of overt disease. An important tool for this type of research is the longitudinal study. NICHD longitudinal studies in Baltimore, Durham, N.C., Boston, and Berkeley are being applied to analysis of the various types of deterioration that occur in the aging human. The Durham study has resulted in increased appreciation of the role hypertension plays in deterioration with age and particularly in the decline that may occur in mental function. This decline is a problem which is not only devastating to the elderly, but also to their families and to society. Longitudinal studies have also contributed greatly to our knowledge of metabolic changes that occur with increasing age. We have learned that energy requirements decrease; the ability to convert carbohydrates to energy declines, and the ability of the body to regulate levels of blood lipoproteins (fat carrying proteins) is disturbed. All these changes have significant implications for health and functional ability.

A series of studies of former college students by NICHD grantees has identified four characteristics that when present at college age predispose the men in later years to fatal strokes, hypertension, and fatal and nonfatal coronary heart disease. These factors—higher than normal levels of blood pressure, overweight, short height, and cigarette smoking—were also recently identified by the grantees as risk factors for nonfatal stroke.

Certain characteristics of aging men were also found to be associated with an increase in stroke. These were: High blood pressure (which had also been a predictor at college age), coronary heart disease, diabetes, and a history of parental high blood pressure. High blood pressure in later life had the greatest effect on the incidence of stroke, and, along with a family history of high blood pressure, was a better predictor of nonfatal stroke than high blood pressure at college age. A comparison of these findings with those of fatal stroke showed that the predisposing factors were the same.

Many of the deteriorative processes that occur with age cannot yet be treated effectively. The menopause—a condition occurring in middle-aged women—is an outstanding exception to this. It is due to a decrease in the secretion of hormones by the ovaries. Some degenerative processes that occur in women after the middle years are definitely known to be due to this hormonal decline. It is clear that hormonal replacement reverses the unfortunate changes, but much remains to be learned about what constitutes optimal therapy, what effect it has on many aspects of health, and what side effects it may have. NICHD-supported studies are designed to determine what is occurring in menopausal and postmenopausal women and what the good and bad effects of hormonal replacement therapy are.

Studies of humans as they age and studies of preventive and therapeutic intervention are invaluable, but progress can be slow. Scientists are hampered because certain experimental procedures are inappropriate on humans and because the human life span is too long to permit rapid results. As a result, scientists look to experimental studies in animals for the relatively rapid acquisition of knowledge about aging that can then be tested in appropriate ways in humans. For some time now, scientists have considered rodents to be the most appropriate experimental animals, although breakthroughs resulting from studies with other animals may occur. The advantages of rodents are that they can be raised relatively cheaply, have short like spans, and are similar to humans in several ways.

NICHD maintains colonies of special research rats and mice both in its intramural program and by contract with commercial breeders. Studies are showing that preventing infection of the animals by bacteria prolongs the average length of life but does not prevent deteriorative aging changes.

Evidence suggests that lifelong nutritional habits are of great importance to health and longevity and rodents maintained free of infection provide ideal subjects for nutrition research.

In addition to using animals to study the decline of the body's defense system, NICHD grantees are using them to investigate the speed with which the cell's enzymatic machinery can respond to stimulation by hormones and other agents. The speed of response decreases greatly with age and may partially explain the inability of the older person to respond to stresses initiated by these agents. This, in turn, results in vulnerability to disease and/or reduced functional ability.

Many of the deteriorative changes associated with increased age probably have their origins in the cells. This idea, although not new, is just now receiving support in the form of definite evidence. There are two schools of thought on the mortality or immortality of human cells. These theories are that normal human cells grow, are immortal, and that if they die, their death is the result of some environmenal influence. The other theory is that cells have an aging process and that death is inherent in their genetic "program."

Studies of human cells in culture conducted by an NICHD grantee have introduced further evidence to support the theory that the cells themselves are mortal. By studying human fibroblasts (cells from connective tissue) the investigator observed that the fibroblasts are not capable of indefinite survival even when removed from the body and maintained in tissue culture or transferred surgically to one young host and then another. Neither the ideal environment of the tissue culture system or the youthful host organs could keep the cells indefi 'tely reproducing.

Another investigation of aging at the level of the individual cell makes use of sophisticated biochemical and biophysical techniques to determine the mechanisms by which pigments accumulate in many cells with increasing age. These pigments, which are leftover fatty material, are darkly colored and are probably metabolically inert. Pigments occupy a large fraction of the volume of many cells and may interfere with cell function. Although known as aging pigment this is not the same material which appears on the skin as age spots.

A need of those responsible for caring for the elderly is knowledge of what professional home nursing care has to offer older persons. Recent studies by NICHD grantees have shown that among a group of mild to moderately disabled elderly patients, those given home nursing care were less likely to deteriorate physically and mentally and were also less likely to be admitted to nursing homes.

In contrast, the grantees observed no significant differences in the deterioration of mental and physical functions between severely disabled patients who received home nursing care and those who did not. What home nursing care did do for the severely disabled was to increase their use of medical, paramedical, and social services.

These findings suggest that health professionals should be trained to recognize what response to treatment can be expected with different degrees of disability. While a visiting nurse can expect to maintain or improve the physical and mental functions of moderately disabled patients, here role in ministering to severely disabled persons is that of simply coping with the patients' everyday needs and periodic crises. The findings also suggest that in the case of severely disabled

patients, manpower could be used more efficiently if the role of coordinator of services was delegated to less highly trained personnel, in effect freeing the nurse to devote more time to rehabilitative treatment.

Additional alterations in the size and structure of the population will occur. Clearly, prolongation of life will alter the patterns of illness and death in this country. Death rates are not, however, the only determinants of the age-structure of the population. Factors such as changes in birth rates and migration habits also influence the structure and necessitate the development of complex mathematical model systems and intricate computerized computation for the accurate prediction of our future status and health needs. NICHD is supporting by contract research to evaluate the usefulness of existing mathematical model systems with an eye to modifying such models or having new ones created to serve the new needs.

APPENDIX 2

PREPARED STATEMENT OF CLARK TIBBITTS, DIRECTOR, DIVISION OF MANPOWER DEVELOPMENT, ADMINISTRATION ON AGING, OFFICE OF HUMAN DEVELOPMENT, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

IMPACT OF THE DIRECT TRAINING GRANT PROGRAM ADMINISTERED UNDER TITLE V THE OLDER AMERICANS ACT OF 1965, AS AMENDED

Senator Chiles, I am Clark Tibbitts. I am administrator of the direct training grant program conducted under title V (now title IV–A) of the Older Americans Act of 1965, as amended. I have had this responsibility since the inception of the program in 1966. Prior to that time, I was active in promoting gerontology and gerontological training. I have taught courses in social gerontology, on a part-time basis at American University, George Washington University, and the University of Michigan.

It has pleased me to have your invitation to discuss some aspects of the training grant program at this hearing, which I believe to be a very important one.

My statement is too long to be presented here; hence, I should like to mention some of the high points and leave the statement with you. To the present time, most of the information we have about the impact of the program has been impressionistic; gathered from random observation, anecdotal reports from graduates and employers, and from grantee applications for continuation support.

We have been impatient to have comprehensive, objective information in order to measure the effectiveness of the program. About a year ago we negotiated a contract with an impartial outside organization to make an evaluative study. Fortunately, your hearing is being held just as the first result of the study are becoming available. I should like to talk about what I regard as a number of significant points gleaned from the first draft of the report.

THE TRAINING GRANT PROGRAM

Before getting to these points, I think I should provide a little background information about the program. The Administration on Aging decided, at the onset, to focus on recruiting and giving career preparation to personnel interested in planning for and serving the older population. Most of the effort has been directed toward preparing personnel at graduate levels because of the near vacuum of trained leadership that existed at the time the Congress passed the Older Americans Act of 1965. A good deal of short-term training has been supported, too, for the purpose of providing systematic gerontological knowledge to persons already employed in the field of aging.

From the outset, the Administration on Aging has focused on training practitioners and teachers in applied gerontology other than health occupations. There have been two reasons for this apparent bias: The first is that there were many occupations essential to achieving the broad objectives set forth in title I of the Older Americans Act for which there was little or no training of any kind. AoA believed that, if the mission assigned to it by the act was to be successful, the need for gerontologically trained personnel was self-evident. The second reason was that the Public Health Service had large resources for training health manpower, including manpower for the field of aging.

Through the National Institute of Mental Health, the National Institute of Child Health and Human Development, and other units, the Public Health Service was supporting graduate education for researchers in biological, behavioral, and social aspects of gerontology and clinical psychologists, psychiatrists, nurses, and social workers in mental health and aging.

The Administration on Aging set its priorities on preparing practitioners for State and Federal program planning and administration, community program

development and coordination, management and administration of retirement housing and homes for the aged, direction of multipurpose senior centers, and for serving older people through adult education, architectural design, counseling, loan, library service, recreation, and other relevant fields. Education for research and teaching in the applied fields was also a priority area.

The first training awards were made to Brandeis University and the University of Minnesota for training planners and administrators, researchers, and teachers. Twelve students were enrolled in the fall of 1966; some 66 more a year later.

Today, there are 36 AoA-supported programs being conducted in 47 educational institutions. Through the academic year just closing, 1,596 different students have accounted for 2,499 enrollments. Most programs are 2 or more years in length. Some 950 students have left the career training programs, 82 percent by graduation. This means that the program has produced 779 persons with specialized training in aging, most of them at graduate levels. Approximately, 670 students currently enrolled will return next fall to complete their training.

Over the same period, short-term training 2 or 3 days to 14 weeks in length has been given to something on the order of 12,000 individuals. The program has supported other activities such as development of teaching materials and curricula. Grants have been made to two major organizations—the American Associations of Community and Junior Colleges and the Adult Education Association—to enable them to promote work in aging on the part of their constituents. Similar awards have been made to minority group organizations.

The total investment through fiscal year 1972 has been $20,700,000.

THE EVALUATION STUDY

The evaluation study, to which I wish to address most of my report, was based on questionnaires to the 725 students who had left their programs by September 1972. Questionnaires were returned by 74 percent of these former students who apparently represented a pretty good cross section of the total.

Demographically, they were almost equally divided between male and female. Sixty-two percent were or had been married; 47 percent had one to four or more dependents. Approximately one-third were under 26 years of age; and one-third between 26 and 35, and one-third were 36 or more years of age. One of the striking aspects of the training programs has been their capacity to attract mature persons who sought to make second careers in service to the older population.

Just short of 12 percent of the respondents were members of minority groups. I am glad to be able to say that the proportion has risen to 15 percent since several black schools have applied for and received training grants.

One of the aims of the program has been to recruit new personnel to the field of aging; another has been to equip personnel already serving older people with specialized knowledge of the aging processes and with older persons. The evaluation study reveals that 56 percent of the trainees had had some prior work experience—paid or voluntary—in the field, for the most part without formal training. Forty-two percent had had neither training nor work experience before they entered the AoA-sponsored programs.

Some 44 percent reported that they had had a strong prior interest in the field; the remaining 55 percent had had no, little, or only moderate interest.

From these reports, it can be concluded, I think, that the program has been recruiting new people to the field and that it has been enabling others already in the field to increase their competencies.

What factors underlies the decision of young and mid-career persons to enroll in gerontological training programs? There was a range of reasons, of course, including college courses and instructors; influence of relatives, friends, and supervisors; personal experience with an elderly relative; concern for the low quality of services for older people; and recruitment by a training program. In 24 percent of the cases, direct work experience with the elderly was the major factor and for 32 percent it was the availability of AoA grants.

The need for financial aid was, indeed, a critical matter. Seventy-five percent stated that education in aging would not have been possible without financial aid. And of the total number of respondents, 37 percent reported that, had it not been for the AoA traineeship they would have continued to do what they had been doing; 27 percent would have studied for a degree in another field; and 12 percent would have looked for a job in or not in aging. Only 10 percent stated that they would have begun a degree program in aging had financial help not been available.

The need for a financial base for the students was further demonstrated by reports of 85 percent who stated that they had depended to some extent on other sources of income. Earnings of a spouse, a part-time job, personal savings, loans, and support from parents or relatives provided the principal supplements to traineeship stipends and dependency allowances.

STUDENT EXPERIENCES WITH THEIR TRAINING PROGRAMS

Former trainees were asked to report on and to evaluate several aspects of their programs. That, by and large, the programs did focus on AoA's priorities is substantial by the major field of study reported by the questionnaire respondents. Three-fourths of the student programs were built around a strong care of gerontology with training in one or more specific practice skills or were directed toward community development, public policy, administration and planning, recreation, and education. Seventy-nine percent sought to obtain a master's degree; 8 percent a doctorate they could use in teaching or research.

Most of the training institutions undertook to provide substantial work in gerontology and in its applications to particular aspects of the field. Eighteen percent of the students had three or fewer such courses, but 35 percent had four to six, and 43 percent had seven or more. On the whole the former students appear to have been quite well satisfied with their academic experiences. Three-fourths reported that most or all of their courses were interesting, three-fifths that most or all have been useful to them in their jobs; and that half or more of the courses were well taught. A substantial majority (two-thirds) received the impression that their instructors were committed to the field of aging and 85 percent reported that they had had the right amount or more than sufficient contact with them. Nearly one-half stated that their instructors had provided useful information about job openings.

The Administration on Aging undertook to require that provision of or practicum or actual work experience be built into every student's training program. Eighty-five percent of the trainees reported that they had had one or two practicums were served in as a wide range of settings and students had an equally wide range of work assignments. By and large students reported that the practicums were of the right length, that they came at the right time in their programs, and that the sites and tasks were well suited to their objectives.

The validiy of AoA's mandating of the practicum is borne out by the trainee evaluations shown in the following table.

USEFULNESS OF THE AOA TRAINEESHIP PRACTICUM EXPERIENCE—PERCENTAGE DISTRIBUTIONS

	In determining interest in the field	In tying courses together	In current job
Usefulness	44	31	34
Somewhat useful	24	36	26
Not useful	11	14	8
Not applicable to the job	1	0	14
No practicum or no information	20	19	18
Total	100	100	100

OUTCOME OF THE TRAINING PROGRAMS

We have already seen that the training programs have produced 779 persons with specialized preparation for working with or on behalf of older people. About three-fifths of these had had prior connection with the field of aging; two-fifths had not.

We can now turn to the specific outcomes of the evaluation study. The data to be reported below are preliminary and subject to modification in the final report.

As noted earlier on, four out of five of the enrollers who responded to the questionnaire completed their programs and were awarded the degrees they sought. Another encouraging payoff is that 43 percent of those who did not complete their work plan to do so.

The critical questions are, of course, how many of the former trainees are working and at what? The study reveals that approximately 90 percent are in the labor force and that more than nine-tenths of those are employed. Some 6 percent who

received the degree they sought have returned to school in search of a higher degree. Thus, 4 percent are not in the labor force or back in school.

It is gratifying to discover that on the whole, the 18 educational institutions represented by the former students responded imaginatively and conscientiously to the objectives and requirements set by the Administration on Aging. It is especially gratifying when it is recognized that most of them had had relatively little formal activity in gerontology until they joined AoA in pioneering the preparation of personnel for the field of aging.

Sixty-three percent of the former trainees have gone into positions that are concerned totally or partially with older people. Nineteen percent are employed but not in the field of aging. The distribution—

Status:	*Percent*
Employed, concerned with older people	63
Not concerned with older people	19
Re-enrolled, for a higher degree	6
Unemployed, seeking work	8
Not in the labor force	4
Total	100

At the time of the survey (January 1973), former traineeship recipients were found in 38 occupations covering many facets of aging. The principal areas were—

Area:	*Percent*
Planning, administration, and coordination at Federal, State, community levels	22
Direct provision of specialized services	19
Teaching and research	9
Management of retirement housing, senior centers, and institutions	8
All other, including students employed but not in aging, and not employed	42
Total	100

It is significant, in view of the advanced levels of most of the training programs, that one-half of the former students are in administrative, supervisory, or understudy leadership roles.

For the most part those employed tend to be satisfied with their present positions; 40 percent stating that they are very satisfied. Salaries range from less than $4,000 per year to $20,000 and over. The median salary reported was $12,116.

Former students who were not employed in aging gave the most frequent reasons for not being so employed as: No appropriate job opening, more attractive job elsewhere, insufficient opportunity or salary. It is encouraging to discover that, among all former trainees, employed in aging or not so employed 94 percent have a moderate (18 percent), strong (29 percent), or very strong (47 percent) interest in the field. Thus, it seems reasonable to assume that the Administration on Aging's direct training grant program has inculcated or strengthened on provisions concern for the older population. By reason of this concern and of the knowledge, skills, and experience they have gained, through and subsequent to the training experience, they are different people from what they were when they enrolled in their training programs.

The first years of the program are having other consequences, too. The bold entry of the first institutions into the field has granted a momentum which is leading many others, including community and junior colleges to incorporate gerontological education into their offerings.

Increasing numbers of faculty have been developing interest and capacities in gerontology. Employers are beginning to have awareness of the value of personnel informed about older people and the processes of aging. Thirty-two percent of the surveyed students reported that employers recognized their degrees in aging and as many more did not know whether the degree was recognized. Only 39 percent indicated that the specialized degree was not an asset in job funding.

These are all indicia of significant progress in an area in which there was very little activity only 8 years ago.

APPENDIX 3

STATEMENT SUBMITTED BY ANDREW S. KORIM, SPECIALIST IN OCCUPTIONAL EDUCATION, AMERICAN ASSOCIATION OF COMMUNITY AND JUNIOR COLLEGES, WASHINGTON, D.C.

June 21, 1973.

Mr. Chairman, the American Association of Community and Junior Colleges is pleased to have the opportunity to submit a statement to the Special Committee on Aging. Our statement focuses on the role of the Nation's community colleges in training personnel to work in the field of aging.

The 1971 White House Conference on Aging placed emphasis on the need for the development of certificate and associate degree programs in community colleges to improve the quality of persons working with the problems facing the elderly people in our Nation. Such a challenge is not strange to the community colleges (and when we refer to community colleges we include junior colleges and technical institutes). The middle level, technical, and paraprofessional segments of our labor force have been targets of the education and training programs offered by the more than 1,100 community colleges. Occupational fields such as engineering, business administration, health care, teaching, criminal justice, and transportation have been provided with a flow of manpower receiving preparation through certificate and associate degree programs in community colleges for at least a decade.

Although the careers in the field of aging are not new, there is today an emphasis on *service-rendering personnel* that is new. For some time, the educational enterprises of our Nation have been producing a flow of professionals prepared in the skills of research, planning, and administration for the field of gerontology. Manpower development efforts have generally ignored the person who must on a daily basis render services to the elderly in our communities. Whether we talk of the city and county agencies, or the private organizations (churches, charitable groups, volunteer service agencies) the community senior citizens centers, or special housing units for the elderly persons, we find that the employees directly responsible for rendering services for the elderly have no training for the functions they perform. The burden on the people who perform these functions is often overwhelming. As a result, many older Americans are poorly served by the various agencies, or exist with no attention given to their needs.

If the quality of life of the elderly is to be improved, each researcher, each planner, and each agency administrator presently working in the field of aging must be matched with a team of persons specifically trained to render services. Trained researchers, planners, and administrators must be complemented with trained paraprofessionals, technicians, or parageröntologists to meet the needs of the elderly economically and effectively. The Nation cannot afford the luxury of a trained corps of professionals working with untrained service-rendering personnel. This practice is economically unsound and does harm to countless senior citizens.

We feel that the Nation's community colleges have the capability to improve the manpower picture in the field of aging. The number of these 2-year institutions increases annually. Community colleges are now situated in more than 1,100 communities. Each of these communities has locally a potential resource for improving the manpower that works with the elderly people.

According to a survey of 1,137 community and junior colleges recently conducted by the association, 58 were found to be offering programs specifically related to the field of aging. Of these colleges, 43 were providing programs to upgrade persons presently employed such as managers of senior centers, nursing home administrators, nurse's aides, and geriatric aides. The remaining 15 col-

leges offered certificate and associate degree programs in gerontology, nursing home administration, and geriatrics. The survey identified 112 colleges that plan to implement programs in the next 2 years.

Additionally, almost 400 community colleges presently provide a wide range of services designed to improve life for the elderly. These services include information and referral regarding personal problems, counseling and guidance regarding employment and other opportunities, preretirement planning, vocational and basic skill development, cultural and recreational activities, and nutritional services, among others. Furthermore, community colleges have taken on roles as area agencies on aging, operators of senior centers and the sponsors of retired senior volunteer programs.

This summary of community college roles in manpower development activities, in providing human services, and in performing community organizational functions pertaining to the improvement of the quality of life of the aging demonstrates the interest of the community colleges in the older American and the capability of the institutions as a valuable resource.

As individual community colleges come to us to seek guidance regarding entry into or expansion of the training of personnel for the field of aging, certain questions are raised by these colleges. We believe the Special Committee on Aging will find the questions of value in its deliberations. They generally take the following form:

Does Congress see the need for improved manpower at the service-rendering level?

Does Congress understand the capabilities of community colleges in preparing manpower for the field of aging?

Will appropriations be forthcoming to cover the cost of the training and upgrading of service-rendering personnel?

Will funds be available to provide internships to community college students?

Will funds be available to agencies to employ the graduates of community college programs?

How can funds under education legislation be pooled together with the "Older Americans Comprehensive Services Amendments of 1973" to support manpower development programs?

These questions are critical to the decisionmakers in community colleges. Community colleges are able to mobilize their capabilities to provide the training to meet the national commitment to improve the quality of manpower working with the needs of the older American. We urge this committee to seriously consider the Nation's network of community colleges as a resource for the training and upgrading of personnel for the field of gerontology and that adequate funds be earmarked for this purpose.

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